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FOOD STAMP PROGRAM OPERATIONS STUDY

REPORT ON CENSUS OF STATE OPERATIONS:
CLAIMS COLLECTON

FINAL REPORT

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CONTENTS

LIST OF FIGURES

iv

LIST OF TABLES

Overissuances occur when food stamps are provided to ineligible households or when eligible households receive food stamp allotments that are greater than the amount allowed under program regulations. When an agency determines that a household has received food stamps to which it is not entitled, the state is mandated by law and regulations to establish a claim against and to collect the overissuance from that household. Within the constraints of the law and regulations, states have considerable discretion in how they operate and administer the claims collection process. Little systematic information exists, however, on the policies and procedures adopted by states or on the states' effectiveness at the collection of claims.

Accordingly, the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture has sponsored research to learn more about this aspect of the Food Stamp Program. Claims collection is one of six topics covered in a study of Food Stamp Program operations, being carried out by Mathematica Policy Research, Inc., and its subcontractors, Abt Associates, Inc., and the Urban Institute.

The first phase of the study entailed interviews with food stamp personnel in the 50 states, plus the District of Columbia, Guam, and the Virgin Islands. Questions in the claims collection component of the interviews covered the organization and administration of the claims collection process; the extent to which the claims process is automated; the policies and procedures involved in identifying overissuances, establishing and collecting claims, and suspending and terminating delinquent claims; and some tentative measures of the effectiveness of the claims collection process.

This report describes the claims collection processes of the states. Findings are summarized below for each major topic area.

<table>
<tr><td>Organi-
zation and
Adminis-
tration</td><td>The majority of states have mixed levels of state, district, and local responsibility for operating the claims collection process; however, after a claim has been established, activities become increasingly centralized at the state level. In addition, specialized staff are involved in the claims processes of all of the states, although the exact nature of the staff and the functions which they perform are quite diverse. In some states, the specialized staff simply help the caseworker investigate and establish the claim, while in other states the specialized staff are organized into special units and assume full responsibility for the entire claims collection process following the referral of the overissuance.</td></tr>
</table>

The claims collection process, unlike other operational areas of the Food Stamp Program, may involve a number of local, district, and state agencies. Consequently, a variety of managerial methods and techniques for monitoring the progress of individual cases may be necessary for administering the claims collection process effectively. Forty-two states use routine summary reports to assess how well the claims collection process is working and/or as a means of communicating between the various units involved in the claims process. Routine status reports on individual overissuances or claims cases are a less frequently used managerial tool, as are time limits to control the period required to investigate, establish, and collect on a claim. Most states have instituted systems for tracking overissuances and claims and systems for signalling workers when claims cases require further attention, although relatively few of the states incorporate information on the age of the overissuances or claims in their systems. The ability to "age" overissuances and claims is a useful function because it helps ensure the timeliness of the actions required at each stage of the claims collection process.

Automation

While the majority of the states have instituted automated claims collection processes, the extent to which they provide support to the claims process varies considerably. Most of the automated claims systems include a history of the household's payments on the claim, while only about one-half of the systems maintain a history of the dates of all actions taken on overissuances and/or claims. Few of the systems are capable of calculating the amount of the overissuance itself. However, the majority of the automated systems routinely calculate the amount of the recoupment and deduct that amount from the household's food stamp issuance. Approximately one-half of the systems have the capacity to generate demand letters automatically at the appropriate time intervals.

Policies
and
Procedures

In the first stage of the claims collection process--the identification of the overissuance--states reported using a wide array of detection methods. Among the approaches frequently perceived as the most effective are: computer matches of wages and unearned income, recertification reviews, Quality Control reviews, and conflicting information provided by the client.

Investigating the identified overissuances frequently entails using specialized staff, particularly to investigate suspected fraud. In general, states appear to expend more resources on investigating and pursuing suspected fraud cases than nonfraud cases. The following reasons were cited for emphasizing fraud

claims over nonfraud claims: (1) the necessity of protecting the integrity of the program, (2) financial incentives established by FNS, and (3) the higher dollar amount involved in most fraud claims.

Of the four methods available for establishing fraud claims--prosecution, disqualification consent agreements (DCAs), administrative disqualification hearings (ADHs), and waivers of hearing--only prosecution is used in all states. DCAs and waivers of hearing are not used in 8 and 9 states, respectively. The ADHs and waivers of hearing are the preferred methods among most of the states for establishing fraud claims.

The establishment stage of the claims collection process typically involves a shift in the type of staff involved in claims activities. First, fraud claims that are referred for prosecution and are established through the courts often move to agencies outside the control of the Food Stamp Agency (FSA). Second, as we have stated, the claims collection process is increasingly centralized at the state level after a claim has been established. Finally, in many states, a shift has been evident toward using specialized staff to collect payments on the claim.

Collecting claims payments from households which are no longer participating in the Food Stamp Program or which have been issued overpayments due to agency error is generally more difficult, since recoupment is not a possible means of collection.1/ Thirty-seven states currently use some type of alternative collection technique, most frequently wage garnishment, tax refund intercepts, small claims court, and property liens, to collect on claims against households that have failed to respond to other collection efforts. Although in most states these alternative collection methods are seldom used, several states reported that the threat of their use is often an effective method for generating claims payments.

The suspension and termination of claims are relatively low priority functions within the state FSAs, and, consequently, many states have large backlogs of delinquent claims which are

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1/Claims due to agency error can be collected through recoupment only if the client agrees to that type of repayment.

eligible for suspension and suspended claims which are eligible for termination. Staff shortages and the lack of resources were frequently cited reasons for not maintaining an accurate accounting of the collectible claims that are outstanding.

Effective-
ness

The quantitative assessment of the effectiveness of the claims collection process requires information on the flow of cases through the claims process. Since the necessary information is not maintained by the state FSAs, professional estimates and administrative data from the Form FNS-209 are used to construct a tentative profile of effectiveness. Because both the professional estimates and administrative data suffer from severe problems, the measures of the effectiveness of the claims collection process are considered only rough indicators. Given the poor quality of the effectiveness data, it is not surprising that a close relationship does not appear to exist between any of the characteristics of the claims collection processes and the measures of the effectiveness of claims collection. However, the measures of effectiveness would appear to suggest that the claims collection process can substantially be improved.

interest to FNS. Other questions, identified at the outset of the FSPOS, included the following:

o What are the costs of the different claims collection systems?

- What are the costs of identifying overissuances, establishing claims, and making collections?

- What is the relationship between the approach to claims collection and the cost of claims collection activities?

- How do the costs of the claims collection effort vary with the characteristics of the households with overissuances and claims?

o How effective are the different claims collection systems?

- How effective is each stage of the claims collection process (identification, establishment, and recovery) in dealing with the potential or actual claims cases from the preceding stage?

- How effective are claims suspension and termination practices, and what conventions should states follow in suspending or terminating the pursuit of collections?

- How does the effectiveness of the claims collection process vary with the characteristics of the households with overissuances and claims?

o Given the impact of different approaches to the claims process on costs and effectiveness, what claims collection approaches are most cost-effective?

o What approaches are used to "age" claims and prioritize claims collection activities?

All of these questions were deferred to the intensive assessment stage of the FSPOS. Based on a review of the data commonly compiled and reported by state and local FSAs, and in view of the data collection constraints inherent in telephone interviewing, it was concluded during the census design period that the census and survey data collection efforts would not be able to create a useful data base for a serious analysis of the costs, effectiveness, and cost-effectiveness of the claims collection process. Consequently, the primary goal of this report is to create a descriptive profile of the claims process that covers:

o   The techniques used to discover overissuances and
    investigate, establish, and recover claims

o   The policies and procedures of the claims collection process
    which are defined at the state level

o   The claims collection information functions in states, such
    as automated tracking systems and systems for monitoring
    claims

o   A profile of the current backlog of overissuances and claims

In addition, a preliminary analysis of the effectiveness of the
claims collection process will be conducted based on
administrative data collected by FNS.

B.   SAMPLE AND INTERVIEWING METHODS

Three aspects of the census are necessary background for
presenting the results: (1) the sample of state agencies
covered in the interviews, (2) the method of conducting the
interviews, and (3) the use of materials received from state
agencies.

Agencies
Included in
the Census

The general purpose of the claims collection census is to describe
the processes used in each state through interviews with state
FSA staff. The claims collection interview was attempted for
all state FSAs and the FSAs in the District of Columbia, Guam,
and the Virgin Islands, for a total of 53 jurisdictions. The
interview was administered successfully to all of the juris-
dictions, except California and North Dakota. The California
FSA was not able to respond to the instrument because of the
wide variation in the claims process across the local FSAs. In
North Dakota, the pressures of current work and staff shortages
made it impossible for FSA staff to participate in the study.

Interviewing
Method

Structured telephone interview instruments were developed
after an extensive review of the data already available from
FNS files, earlier research, and state reports to FNS. After
instrument drafts had been prepared and reviewed by FNS, a pre-
test of the instruments was conducted with three state agencies
in all six of the operations areas covered by the FSPOS.1/ This
pre-test led to substantial changes in the instruments to
improve their clarity and completeness.

1/The help of agency staff in these pre-test states
(Connecticut, Tennessee, and Texas) was very valuable and is
gratefully acknowledged.

3

Interview respondents were nominated by state FSP directors or their delegates in preliminary telephone discussions with senior FSPOS research staff. In many instances multiple respondents were suggested, most often a senior staff member involved in developing policy and procedures and a staff member involved in preventing and/or detecting fraud and abuse. In some cases, the FSP director was one of the respondents. However, even when multiple respondents were suggested, interviewers often encountered situations in which the respondents suggested other agency staff as the best source for answers to specific questions; interviewers then contacted these other staff. Of the 51 interviews completed, approximately 33 entailed contacting additional respondents. Claims collection interviews generally lasted about two hours.

Although the claims collection instrument consisted almost entirely of structured-response questions, the interviewing method that was used entailed an in-depth discussion of the questions and probes for clarifying responses. This process was necessary because of the complexity and variety of state operations and the consequent difficulty in establishing consistent interpretations of terminologies among interviewers and between interviewers and respondents. Every completed interview was reviewed by the senior project researcher who was assigned to the claims collection topic. These reviews uncovered apparent inconsistencies among interview responses and identified answers which, based on other information provided, appeared to reflect interpretations of interview terminologies that departed from the intent of the interviews. As the interviews proceeded, these reviews also identified the necessity for a further clarification of the intent of specific questions and their interpretation within the context of particular system characteristics.

Based on these reviews three steps were taken. First, "question clarification" statements were prepared and distributed to interviewers to guide them in the further administration of particular interview questions. Second, interviewers made call-backs to respondents to clarify or confirm responses and to probe further to resolve what appeared from the interviewer's perspective to be inconsistencies. Call-backs were made for this purpose to almost every responding FSA. Finally, several additions were made to the set of coded question responses defined in advance.2/

2/Specifically, codes were added to identify specific units and/or staff involved in the claims collection process and to identify the characteristics of the cases which had an impact on how the case was handled in the claims process (e.g., Q's 5.13, 5.20, and 5.25).

Use of	In addition to the telephone data collection activities
Materials	described above, the census phase of the FSPOS entailed
from State	collecting background materials from state agencies.
Agencies	State agencies were asked to provide a variety of

Use of
Materials
from State
Agencies

In addition to the telephone data collection activities described above, the census phase of the FSPOS entailed collecting background materials from state agencies. State agencies were asked to provide a variety of materials including application, recertification, and monthly reporting forms, computer input forms and worksheets, procedures and policy manual sections pertinent to each operations area, and any existing statistical or management reports that could supply data in response to some of the more complex census interview questions. Although the request for these materials prior to the census interviews was intended to solicit only existing data, forms, and reports, it is clear that many agencies devoted substantial efforts to assembling the materials.

The materials provided by the state agencies formed an important contextual background for an analysis of the census interview questions. In some cases, the data available in these materials provided responses to specific interview questions, which saved time in the interviews. In other instances, where the complexity or subtlety of a state's procedures or systems could not be captured completely in the structured interview responses, the background materials were used by the researchers to ensure that the interview responses were interpreted correctly.

C. SCOPE OF REPORTED RESULTS

The claims collection interviews were designed to provide consistent, systematic profiles of all of the state systems examined, and to present the collected data in a structured form that facilitated drawing comparisons among claims collection processes along commonly defined dimensions. Consequently, the instrument design process emphasized developing carefully worded questions that could solicit structured, codable responses.[3] Although this approach makes it possible to compare systems and summarize system features, it also leads to certain inevitable weaknesses in the ability of the instrument to capture detail and subtle differences among systems. Using an interview format that consisted of more open-ended questions, and reporting on the salient features of each system in descriptive text, would provide more detail and clarity about each approach. This interview method was rejected, however, because it would likely complicate the process of compiling summary information and comparing systems.

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[3]/The claims collection instrument is attached as Appendix B.

The results presented in this report are based on the classi-
fication of claims collection process characteristics according
to the distinctions formulated in the interview questions and
response codes. Given the format of the interviews, many
questions elicited responses that did not correspond directly to
response codes. Interviewers took notes during the interview to
capture the content of responses. It was then the job of the
interviewer (often in consultation with the researcher working
on this topic) to interpret the response and record an answer.
This process involved three types of decisions: (1) inter-
preting the intent of the question when the response raised
questions about distinctions not explicitly included in the
question wording or response codes, and not yet covered in
interviewer training; (2) selecting an appropriate response code
based on the clarified sense of the question; and (3), in a
number of instances, adding code values to the codes originally
defined, to capture important distinctions. The net effect of
this process was to conceal some differences among systems or
peculiarities of particular systems for the sake of describing
all of the systems in comparable terms.

The results presented in the body of this report are somewhat
more limited in scope than are the questions asked in the claims
collection interviews, because responsibility for claims
collections may be delegated completely or partially to local
agencies. Consequently, in some states, complete information on
the claims process was not available at the state level.
Although this problem was most severe for California, in a
number of other states the state FSA was unable to provide
complete information on all stages of the claims collection
process or provided information only on a subset of the local
agencies within their state.4/ Thus, for these states, the
descriptive profile is incomplete and will require further data
collection in the survey phase of the study. The states for
which the survey will be used to complete the descriptive
profile include those for which information is needed on a
number of local-level functions (Colorado, Idaho, Illinois,
Indiana, Kentucky, Maine, Maryland, Michigan, Minnesota,
Missouri, Montana, Nebraska, New Jersey, New York, North
Carolina, Ohio, Pennsylvania, South Carolina, Texas, Wisconsin,
and Wyoming) and those for which information is needed on a more

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4/In states in which a great deal of variation exists across the
local agencies in terms of how the claims collection process is
organized and/or operated, state FSAs were asked to provide
information on the claims collection process as it applies to
the majority of their caseload.

limited set of local-level functions (Alabama, Connecticut, Georgia, Kansas, Louisiana, Massachusetts, Mississippi, New Mexico, Oregon, Tennessee, and Washington). The census-based descriptive profile is complete for the remaining 19 states. Despite this limitation of the census-based descriptions, the profile of state claims collection systems contained in this report provides a more complete overview of claims collection than has heretofore been available.

In addition to the information necessary for obtaining a descriptive profile of state claims collection systems, the census attempted to draw a very limited characterization of the effectiveness of the various processes of the claims system. An analysis of the effectiveness of the claims system requires information on the flow of cases through the claims process, since actions taken at each stage of the process are conditioned upon the actions taken at the previous stage of the process. In other words, the effectiveness of the state FSA at collecting on claims is a function of the success with which the state establishes claims, which in turn is a function of the state's ability to detect overissuances. No state FSAs maintained the data necessary for examining these conditional measures of effectiveness. Thus, the analysis of the effectiveness of the claims collection process will rely on some very rough professional estimates by the states and on existing administrative data from the Form FNS-209. While not useful for developing the conditional measures of effectiveness, the Form FNS-209 data permit very rough proxies of effectiveness to be developed.

D. ORGANIZATION OF THE REPORT

The remainder of this report consists of four sections. Section II provides a brief overview of the functions involved in the claims collection process and presents the descriptive data collected in the claims collection census, with tables and accompanying text to summarize the census results according to major topics. Section III describes the system types that can be distinguished from the census results and classifies the state claims collection processes according to this typology. In addition, it examines the relative effectiveness of the states' claims collection processes.

8

Overissuance occurs when food stamps are provided to ineligible
households or when eligible households receive benefits that are
greater than the amount allowed under program regulations. The
client and the FSA share responsibility for determining the
household's food stamp eligibility and benefit level. The
client is required to provide the information that enables the
agency to determine the household's need. The agency is
required to process that information in a correct and timely
manner. When an agency determines that a household has received
food stamps to which it was not entitled, the state is mandated
by law and regulations to establish a claim against and to
collect the overissuance from that household.

In practice, the operation and administration of the claims
collection processes implemented by the states exhibit a great
deal of diversity. This section provides a general overview of
the functions involved in the collection of claims and a
detailed profile of the claims collection processes used by the
states.1/ The detailed profile consists of nine areas:

1. The organization of the claims collection process

2. The automated processes used in claims collection

3. The management of the claims collection process

4. The detection of overissuances

5. The investigation of overissuances

6. The establishment of the claims

7. The collection of payments on the claims

8. The suspension and termination of claims

9. The effectiveness of the claims collection process

1/State is used here to refer to the 48 states for which data
are available, the District of Columbia, Guam, and the Virgin
Islands.

A. OVERVIEW OF THE CLAIMS COLLECTION PROCESS

In organizing this descriptive profile of the claims collection process, we have identified six steps or stages of claims collection:2/

1. Claims referral

2. Claims investigation

3. Claims establishment

4. Claims collections

5. Follow-up activities on delinquent claims

6. Claims suspension and termination

While the approaches used at each stage of the claims process vary from state to state, and in some cases at the county or local office level, a general claims collection process prevails. Figure II.1 shows the general structure of the claims collection process.

The claims collection process begins with the discovery that a household has received food stamps for which it is not entitled. Following the discovery of the overissuance, the FSA must, in most circumstances, take action to set up a claim against the household.3/ This stage of the claims process--the discovery of the overissuance and the formal steps whereby the claims process is initiated--is labelled "claims referral."

2/These six stages do not necessarily correspond to the structure of the claims collection process in a particular state. For example, in some states, the claims referral and investigation stages constitute a single process. However, in order to provide a consistent description of the state systems, we use this six-stage definition of the claims process for all states.

3/No claim is required if the overissuance occurred because (1) the state FSA failed to ensure that the household signed the application form, completed a work registration form, or was certified in the correct project area; or (2) the household transacted an expired (but unaltered) Authorization to Participate (ATP) card.

FIGURE 11.1

STRUCTURE OF THE CLAIMS COLLECTION PROCESS

1: Claim referral

Discovery of overissuance and initiation of claims process

2: Claim investigation

Determination of cause of overissuance

3: Claim establishment

Nonfraud-Administrative error

Nonfraud-Inadvertent household error

Fraud Intentional program violation

Determination of claim amount for 12 months prior to discovery

Determination of claim amount for 12 months prior to discovery

Determination of claim amount for 12 months prior to discovery

Determination of claim amount back to month of fraudulent act

for claim < $35 household notified but no demand letter mailed

For claim > $35 demand letter mailed

For claim < $35 and current nonparticipant, household notified but no demand letter sent

For all others, demand letter mailed

Process as for inadvertent household error

Administrative fraud hearing or court action

Waiver of hearing by individual

Fair Hearing, if requested by client ---> Claim suspended

Fair Hearing, if requested by client ---> Claim suspended

Determination of nonfraud

Determination of fraud

Individual disqualified and demand letter sent to household

4: Claim collections

Household makes or arranges to make payment

Household makes or arranges to make payment

Household makes or arranges to make payment

5: Follow-up activities

Household fails to make or arrange to make payment

Household fails to make or arrange to make payment

Household fails to make or arrange to make payment

6: Claim suspension and termination

Alternative collection actions pursued

Collections actions suspended or terminated

Allotment reduced for current participants

Alternative collection actions pursued for current nonparticipants

Collection actions terminated for current nonpartici-pants

Alternative collection actions proceed as for inadvertent household error or through court

Suspension termination

11
11

Following the claims referral stage, the nature of the error that led to the overissuance must be determined (i.e., administrative error, inadvertent household error, or intentional program violation); the amount of the overissuance must be calculated; and any inquiry into the circumstances of the overissuance must be performed. This stage is referred to as "claims investigations." It is at this stage that a distinction is made between nonfraud cases (i.e., claims due to administrative errors or inadvertent household errors) and suspected fraud cases (i.e., claims believed to be due to intentional program violations); claims are generally investigated more thoroughly for cases of suspected fraud.

The third stage of the claims process--claims establishment--is quite different for cases of nonfraud error and cases of suspected fraud. For nonfraud errors, the establishment of the claim involves (1) the decision to initiate collection actions, and (2) the notification to the household. If, after notification of the claim, the household chooses to appeal, a fair hearing is also required.

The decision about whether or not to initiate collection action depends on the size of the claim, whether it can be collected by reducing the household's food stamp allotment, and whether or not the household can be located. Collection actions will be initiated for all claims of $35 or more. For claims of less than $35, collection action will be initiated only if the overissuance is due to a household error and the household is currently participating in the Food Stamp Program (so that the claim can be collected by reducing the household's food stamp allotment). If the state has documentation that the household cannot be located, then the collection of the claim, regardless of its size, will not be initiated. Collection actions are initiated by a letter of demand sent to the household to explain the amount and circumstances of the claim.

Establishing a claim for an overissuance is different when it is suspected that fraud is involved, as indicated in Figure II.1. The amount of the claim for an intentional program violation is calculated as the amount overissued from the time of the violation until its discovery, up to a maximum period of six years. Until fraud has been established, the claim for the amount of overissuance in the 12 months prior to the discovery of the error can be processed as an inadvertent household error. The determination of fraud can be made through an administrative disqualification hearing, a waiver of the hearing by the household member, the judicial system, or a disqualification consent agreement.

12

After fraud has been determined, the guilty household member is disqualified from the program, and the state initiates collection actions against the individual's household for the entire amount of the claim.4/ As with nonfraud claims, the household receives a letter of demand specifying the nature of the claim and outlining the possible methods for repayment.

The fourth stage of the claims process is the collection of payments on the claim. The household can pay the claim or make arrangements to pay by any one (or a combination) of three methods: lump sum, installments, or a reduction in the food stamp allotment. If the household fails to pay (or to continue to make payments on) the claim, the state is required to take one of the following actions:

o   For current program participants, the state must reduce the food stamp allotment when a household error is involved (whether intentional or unintentional).

o   When an administrative error is involved or the household is no longer participating, the state must continue to send demand letters until the household pays or agrees to pay, until the criteria for suspending the claim are satisfied, or until the state initiates other collection actions of its choice.

The collection stage of the claims process includes procedures for setting up the claim for repayment, the use of demand letters, and procedures for tracking claims payments and recoupment amounts.

The fifth stage of the claims process is the follow-up activities used for delinquent claims. This stage entails identifying delinquent claims and using alternative collection methods, such as wage garnishment and tax refund intercepts, to collect on the claim.

The final stage of the claims process is the suspension and termination of the claim. This stage entails identifying claims which are eligible for suspension and termination and initiating the processes whereby those actions are taken. A claim can be suspended following the mailing of the required demand letter(s) if:

4/In cases where fraud was established through judicial proceedings, the collection actions of the state may be determined by those proceedings.

o The state has documentation that the household cannot be located

o The cost of further collection activities is likely to exceed the amount which can be recovered

A claim can be terminated after it has been held in suspension for three years.

Despite the general uniformity of the claims process as set forth in the regulations, the organization of the process across states varies significantly. In many states, a central claims processing unit handles part or all of the investigation, establishment, and collection procedures following the claims referral.5/ In other states, particularly those whose programs are state-supervised and county-administered, all of the components of claims processing are handled within each local office.

B. ORGANIZATION OF THE CLAIMS COLLECTION PROCESS

As shown in Table II.1, the organization of the claims collection process across the states ranges from very centralized systems, in which all the activities following the referral of the overissuance are under state-level jurisdiction, to arrangements which involve only the local or county FSA. Not surprisingly, the states that operate state-supervised, county-administered programs tend to have the more decentralized claims collection processes. However, a substantial proportion of those states, like the majority of states in general, have mixed levels of responsibility for operating the claims collection process, with the later stages of the process becoming increasingly centralized.

In addition to the tendency for the claims collection process to be centralized at the district or state level, the activities of the claims process are frequently centralized through specialized staff or units. As shown in Table II.2, specialized staff of some form are used in each of the states, or, for those states whose claims collection process varies across their

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5/ In a number of states, the centralized claims office handles claims for several assistance programs (e.g., Food Stamps, AFDC, Medicaid, and General Assistance).

14

TABLE II.1

LEVEL OF RESPONSIBILITY FOR
OPERATING THE CLAIMS COLLECTION PROCESS

Characteristic	Number of States		
	State-Administered Program	State-Supervised/ County-Administered Program	Total
Organization of Claims Collection Process	37	14	51
Level of Responsibility for the Claims Collection Process--			
Following Claims Referral:			
Local/county only	0	6	6
Local/county and district/region and/or state	32	8	40
District/region and/or state only	5	0	5
Following Claims Establishment:			
Local/county only	1	7	8
Local/county and district/region and/or state	13	6	19
District/region and/or state only	23	1	24

SOURCE: Appendix Table A.1 contains the detailed information for each of the 51 states.

15

TABLE II.2

USE OF SPECIALIZED STAFF IN THE
CLAIMS COLLECTION PROCESS

Characteristic	Number of States		
	Claims/Collections Staff or Unit	Fraud/Investigations Staff or Unit	Total
States with Specialized Staff	43	41	51
Level of Operation			
Local/county	22	13	25
District/region	7	5	10
State	32	29	40

SOURCE: Appendix Table A.1 contains the detailed information for each of the 51 states.

counties, within a substantial proportion of counties within the states.6/ However, the exact nature of these staff and the functions which they perform are quite diverse. In some states, the specialized claims staff simply help the caseworker investigate and establish the claim (e.g., Illinois) or only handle the collection of payments and the follow-up activities for delinquent claims (e.g., New Mexico and Utah). In other states, the specialized claims staff takes full responsibility for the entire claims process following referral (e.g., Colorado and New Hampshire). Similarly, the specialized fraud/investigations staff may provide assistance to the caseworker in especially difficult cases of suspected fraud (e.g., Alabama, Hawaii, and Wisconsin) or may handle all of the investigation, establishment, and collection activities for fraud claims (e.g., Alaska and Florida). These specialized staff may consist of workers with specialized functions within the local office or may be a separate unit of specialized staff at the local, district, and/or state level. The exact functions performed by each state's specialized staff will be explored in later sections which discuss the six stages of the claims collection process.

An additional dimension along which the organization of the states' claims collection processes varies is the degree with which the process is integrated with the claims collection processes for other programs. High levels of integration would suggest a reduction in the administrative costs of the food stamp claims process and the more efficient detection of overissuances (given the information available through the other programs).7/ As shown in Table II.3, the food stamp claims

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6/Note that the terminologies used here--"claims/collections unit" and "fraud/investigation unit"--are not always consistent with the claims collection arrangements within a particular state. For consistency in the description of the state systems, any specialized unit which focuses on both nonfraud and fraud cases, at any stage of the claims collection process, is referred to as a claims/collections unit. Specialized units which focus primarily on the investigation of suspected fraud and/or the establishment of fraud claims are referred to as fraud/investigation units.

7/High levels of integration may also create problems with determining the appropriate share of recovered funds that are allocated to the programs involved when a household has an outstanding claim in more than one program.

17

TABLE II.3

SUMMARY OF THE INTEGRATION OF THE FOOD STAMPS CLAIMS
COLLECTION PROCESS WITH THE CLAIMS COLLECTION
PROCESSES OF OTHER PROGRAMS

| Characteristic | Number of States | | | |
	AFDC	Medicaid	General Assistance	Total
States with Integrated Food Stamp Claims Collection Processes	45	38	29	45
Stage of Claims Collection Process				
Referral	41	32	24	41
Investigations	45	37	29	45
Establishment	40	30	23	40
Collections	40	29	23	40
Follow-up for delinquent claims	38	28	23	38
Suspension/terminations	36	27	21	36

SOURCE: Appendix Table A.2 contains the detailed information for each of the 51 states.

18

collection processes of 45 of the 51 states are integrated with
the claims collection processes of AFDC. The food stamp claims
processes of the majority of the 45 states are also integrated
with the claims processes of Medicaid and General Assistance
(GA). The degree of integration tends to be greatest at the
earlier stages of the claims process, declining in the period
following the investigation stage of the process. The movement
by some states toward a separate process for some or all of the
later stages of food stamp claims collections can be attributed
to the different regulations that govern collections procedures
and subsequent activities for the programs (e.g., rules for
repayment options and recoupment, and requirements for demand
letters).

C. AUTOMATION OF THE CLAIMS COLLECTION PROCESS

The use of automated systems for calculating overissuance and
recoupment amounts, monitoring the status of claims, and main-
taining an account of claims payments is one factor that can
contribute toward an effective and efficient claims collection
system. Although the majority (46) of the states do have
automated claims collection processes, the functions which are
performed by those automated systems vary considerably (see
Table II.4).8/ Most systems include a history of the
household's claims payments, although five states track recoup-
ment payments but not other types of payments.9/

The automated systems are less comprehensive in terms of
managerial functions. Almost one-half of the states' automated
systems do not maintain a history of the dates of actions taken
on overissuances and claims, or they maintain information only
on the date of the most recent action. Thus, these automated
systems do not permit evaluations of the effectiveness and/or
timeliness with which the claims collection process operates.

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8/The 46 states with some component of their claims collection
process automated represent an increase of 17 in the number of
states reporting claims collection automation from the Food
Stamp Automation Survey of 1985. Since the degree of automation
of the claims process changed considerably between the 1985
survey and the current study the Automation Survey data are not
incorporated into this study.

9/The automated claims collection system in Kentucky maintains a
case history only for claim payments through methods other than
recoupment.

TABLE II.4

FUNCTIONS PERFORMED BY THE AUTOMATED
CLAIMS COLLECTION PROCESSES

Characteristic	Number of States
States with Automated Claims Process	46
Functions Performed by the Automated System	
Calculation of overissuance amount	8
Calculation of recoupment amount	30
Deduction of recoupment amount from issuance	36
Generation of demand letters	21
Maintenance of history of:	
Case actions	30
All actions	23
Most recent actions only	7
Recoupment	41
Other claims payments	36[a]
Claim suspensions	32

SOURCE: Appendix Table A.3 contains the detailed information
for each of the 51 states.

[a] In one state information on the history of claim payments
through methods other than recoupment was not available
at the time of the interview.

Similarly, less than one-half of the systems have the capacity to generate demand letters automatically at the appropriate time intervals.

In contrast, the automated systems appear to be fairly well suited to the mechanical functions of calculating the amount of the recoupment and deducting that amount from the household's food stamp issuance. Only 10 of the automated systems are unable to perform both of those functions; an additional 6 systems are unable to perform at least one of the two calculations. However, few of the automated systems have the capacity to calculate the amount of the overissuance itself.

D. MANAGEMENT OF THE CLAIMS COLLECTION PROCESS

The claims collection process, while administered by the state FSAs, often involves a variety of local, district, and state agencies and/or agency units. The ability of the FSAs to manage the process effectively across these groups will depend on a number of factors. This section discusses several managerial methods which may contribute toward the effectiveness of the state's claims collection process. These managerial methods, which by no means constitute a definitive list of the factors which may influence the effectiveness of claims collections, are as follows: the use of internal reports, the use and content of staff training, the availability of manuals on the policies and procedures of the claims process, the use of time limits to control the processing of the overissuances and claims, and methods used to monitor individual cases within the claims collection process.10/

Internal
Reports

Forty-two of the 51 states produce routine summary reports (other than the Form FNS-209) to assess how well the claims collection process is working and/or to effect a method for communicating among the various units involved in the process (see Table II.5). However, only 9 states produce summary reports which cover all six stages of the claims collection process for fraud and/or nonfraud overissuances and claims. Of the remaining states, all but one cover the collection of claim payments. The other five areas are covered less frequently,

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10/One managerial method not considered in this report that may influence the effectiveness of the claims process is the use of direct supervision of claims collection personnel. For example, the Nevada FSP relies heavily on a system of supervisory case reviews and eligibility claims worker accountability for all actions on a case.

TABLE II.5

STAGES OF THE CLAIMS COLLECTION PROCESS
COVERED BY ROUTINE SUMMARY REPORTS

Characteristic	Number of States
States Preparing Routine Summary Reports	42
Stage of Claims Collection Process Covered by the Reports	
Referral	24
Investigation	23
Establishment	35
Collections	41
Delinquent claims	28
Suspension/termination	28
All six stages	9

SOURCE: Appendix Table A.4 contains the detailed information for each of the 51 states.

with information on claims referrals and claims investigations each omitted from the summary reports of over 15 states.

Routine reports on the status of individual overissuance or claims cases are a less frequently used managerial tool. As reported in Table II.6, only 31 states produce routine status reports which cover some combination of claim referrals, established claims, and delinquent claims. These reports most frequently consider the status of established and delinquent claims; the status of claims referrals are included in the reports of only 18 states.

The summary reports and status reports tend to be distributed more widely at the state and/or district level than at the local level. As shown in Table II.7, 39 of the states with summary reports and 24 of the states with status reports distribute the reports at the state level (to the agency in general and/or to specialized units within the agency). In contrast, only 25 of the states with summary reports and 18 of the states with status reports distribute the reports to the local office or to specialized units within the local office.

Staff
Training

Forty-five states provide staff training specifically related to the claims collection process (see Table II.8).
The following were among the reasons given by the remaining six states for not providing such training: (1) eligibility determination, not collecting on claims, is the agency's first priority; (2) funding cuts have reduced the agency's ability to provide training; (3) the workers "learn by doing" in the area of claims collections; and (4) the claims workers tend to be experienced ex-caseworkers who require little training. Of the states which do provide training, almost all offer training for new hires and either schedule refresher training for existing staff or retrain existing staff as either becomes necessary (e.g., following a rule change).11/

The training that is offered by the states tends to concentrate on two areas--improving the detection of overissuances and increasing the worker's understanding of the rules, regulations, and procedures of the claims collection process (including how to use the state's automated claims system effectively, if it has one). Less common is training which focuses upon methods for preventing overissuances, investigating overissuances, and obtaining collections on claims.

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11/Alabama and Kansas limit the training in claims collection to existing staff since new hires do not do claims collection work.

TABLE II.6

STAGES OF THE CLAIMS COLLECTION PROCESS
COVERED BY ROUTINE REPORTS ON THE
STATUS OF INDIVIDUAL CASES

Characteristic	Number of States
States Preparing Routine Status Reports	31
Stage of Claims Collection	
Process Covered by the Reports	
Referral	18
Establishment	30
Delinquent claims	24

SOURCE: Appendix Table A.4 contains the detailed information for each of the 51 states.

TABLE II.7

GENERAL DISTRIBUTION OF ROUTINE SUMMARY AND STATUS REPORTS

	Number of States with Summary Reports Distributed to:				Number of States with Status Reports Distributed to:			
	Agency	Claims/ Collections Unit	Fraud/ Investigation Unit	Total	Agency	Claims/ Collections Unit	Fraud/ Investigation Unit	Total
Level of Operation								
Local/county	21	7	2	25	14	6	1	18
District/region	6	2	2	8	2	4	1	7
State	28	23	11	39	15	12	6	24
All levels	35	26	14	42	20	18	7	31

SOURCE: Appendix Table A.4 contains the detailed information for each of the 51 states.

TABLE II.8

EXTENT AND EMPHASIS OF STAFF TRAINING
IN THE CLAIMS COLLECTION PROCESS

Characteristic	Number of States
States with Any Training Provided	45
Extent of Training Provided:	
New hires	43
Refresher training	27
Retraining	45
Areas of Emphasis in Training:	
Prevention of overissuances	3
Detection of overissuances	22
Investigation methods	8
Collection methods	9
Regulations and procedures	20
Varies across state	5

SOURCE: Appendix Table A.5 contains the detailed information for each of
the 51 states.

Written
Manuals

Written manuals which provide detailed information on the
policies and procedures of the claims process are avail-
able to staff in all but 4 states. However, the issuance
manuals in those states do provide a general overview of the
claims collection process.

Time Limits

Using time limits to control the length of time that it takes
workers to investigate, establish, and collect on a claim has
been suggested in an audit of the FSP claims collection process
(OIG, 1985) as one method for reducing the large backlog of
potential claims. As noted in Table II.9, fewer than one-half
of the states currently have any established time limits which
control the processing of claims. Of those states without some
type of time limit, several reported that time limits were
unnecessary because there were no backlogs of potential claims
within their states. Other states expressed more interest in
emphasizing that the work on the claim be completed rather than
in setting up rigid time requirements. The inability of most of
the states with established time limits to provide information
on the percentage of cases that are processed within those time
limits suggests that, for most states, the time limits are not
closely monitored and, consequently, may not have much impact on
the timeliness with which the claim is processed.

Monitoring
Individual
Cases

The methods used to monitor the progress of individual
cases through the claims process include a system for
tracking the status of an overissuance or claim, a system
for signalling staff that a particular case requires further
attention, and a system for processing claims or reporting case
actions based upon the chronological age of the claims.

The majority of the states have a system for tracking over-
issuances and/or claims through the claims process (see Table
II.10). These systems are used to check on the status of a case
at certification or recertification, to check the status of
cases which are pending (e.g., cases being held by a special
investigation unit or by the District Attorney's office), and to
prepare management reports on the activities of the claims
collection process. The extent to which these tracking systems
monitor claims at each stage of the process varies somewhat
across the states. With few exceptions, the tracking systems
monitor established claims and claims payments. Somewhat fewer
systems track disqualified individuals and/or the status of
claims referrals and investigations. Finally, only about one-
half of the systems track the status of computer match hits
and/or other apparent overissuances.

Rather surprisingly, a high correlation does not seem to exist
between the automation of the tracking system and the extent to
which cases at all stages of the claims process are monitored.

27

TABLE II.9

ESTABLISHED TIME LIMITS FOR PROCESSING
CLAIMS BY THE STAGE OF THE CLAIMS COLLECTION PROCESS

Characteristic	Number of States
States with Any Established Time Limits	22
Stages of Claims Collection Process with Established Time Limits	
Referral	14
Investigations	14
Establishment	19
Collections	11

SOURCE: Appendix Table A.5 contains the detailed information for each of the states.

TABLE II.10

CHARACTERISTICS OF THE TRACKING SYSTEMS USED TO MONITOR
INDIVIDUAL CASES IN THE CLAIMS COLLECTION PROCESS

| Characteristic | Number of States | | | |
	Manual Tracking System	Partially Automated Tracking System	Fully Automated Tracking System	Total
States with Tracking System	8	20	22	50
Stage of Claims Collection Process Monitored by Tracking System				
Computer match hit	6	14	7	27
Other apparent overissuances	6	14	6	26
Referrals	7	16	10	33
Investigations	7	16	10	33
Established claims	8	19	22	49
Claims collections	6	20	22	48
Suspended claims	6	17	20	43
Disqualified individuals	8	15	14	37
Tracking System Monitors Cases through 6 or More of the above Stages	7	17	6	30

SOURCE: Appendix Table A.6 contains the detailed information for each of the 51 states.

Seven of the manual systems and 17 of the systems which are only partially automated cover 6 or more of the 8 situations reported in Table II.10. In contrast, only 6 of the 22 fully automated tracking systems cover as many situations.

A second method for monitoring individual cases in the claims process is the use of "flags" to signal a worker when a claim case may require further attention. These flags can take the form of a notation in the household's file, a "clip" or color code attached to the file folder, a masterlisting (automated or manual) of the relevant cases, or a notation that appears on the computer screen as part of the state's automated certification system. Table II.11 summarizes the characteristics of the 38 states' systems for identifying or "flagging" cases which need special attention.

The majority of the flag systems identify both households with claims referrals that have yet to be processed (i.e., either dismissed or established as a claim) and households with active claims. Somewhat fewer systems flag households with either delinquent or suspended claims. A substantial number of the flagging systems (21) are either manual or only partially automated (i.e., some of the state's flags are manual). For 30 of the 38 systems of flags, the flag remains attached to the case record until the claim is paid, corrective action is taken, or the claim is terminated. Thus, for these systems, the flag will remain in place on the case file should a household leave the program, and is intended to signal the eligibility worker to the existence of an outstanding claim should the household reapply.

The final case monitoring method considered here is the use of processes for sorting and reporting on overissuances and claims by their ages (i.e., methods for "aging" overissuances and claims). The ability to age overissuances and claims is important for several reasons. First, it facilitates evaluating the timeliness with which the required actions of each stage of the claims process are completed. Second, it is useful as a method for determining when some type of "prompting" may be necessary for cases pending at the various stages of the process (e.g., cases held by the District Attorney for possible prosecution). Finally, to the extent that time requirements are built into the various stages of the claims process (e.g., a claim must be held in suspension for 3 years prior to termination), a system for aging claims facilitates executing those stages efficiently.

Less than one-half of the states have an established process for aging overissuances and/or claims, as reported in Table II.12. For those states which do age overissuances and/or claims, the

TABLE II.11

CHARACTERISTICS OF THE SYSTEMS USED TO SIGNAL
STAFF THAT A CASE NEEDS FURTHER ATTENTION

Characteristic	Number of States
States with System of Flags	38
Type of Claims that are Flagged	
Referral	27
Active claim	30
Delinquent claim	22
Suspended claim	19
Varies across state	1
Extent to Which System of Flags is Automated	
Manual	15
Partially automated	6
Fully automated	15
Information not available	2
One of More Flags Permanently Attached to Case Record	30

SOURCE: Appendix Table A.7 contains the detailed information for each of the 51 states.

TABLE II.12

CHARACTERISTICS OF THE SYSTEMS USED TO SORT
CLAIMS BY THEIR CHRONOLOGICAL AGE

Characteristic	Number of States
States with System for Aging	21
Type of Claims that are Aged	
Apparent overissuances	5
Referrals	10
Investigations	8
Delinquent claims	18
Suspended claims	18
Extent to Which System of Aging is Automated	
Manual	5
Partially automated	5
Fully automated	11

SOURCE: Appendix Table A.7 contains the detailed information for each of the 51 states.

majority focus upon the ages of delinquent claims and suspended claims. The aging of claims investigations, claims referrals, and apparent overissuances (e.g., computer match hits) are much less common. The aging systems tend to be automated, with 16 of the 21 systems at least partially automated.

E. DETECTION OF THE OVERISSUANCE

The first step of the claims collection process entails discovering the overissuance and taking the formal procedures necessary for initiating the claims process. Of the 12 detection methods listed in Table II.13 (excluding the "other" category), 9 are used in 40 or more of the 51 states. Those 9 methods, in order of their frequency of use, are as follows: Quality Control (QC) reviews, conflicting information provided by the recipient, recertification reviews, "hotlines" and other informal complaints, computer matching of earned income, information from other agencies, duplicate participation checks, special investigation units, and internal audits. Computer matching of both unearned income and resources, and the use of error-prone profiles to identify likely cases with over-issuances, are used less frequently.

The states' rankings of the effectiveness of the various methods at identifying overissuances varied considerably for most of the 12 detection methods. However, computer matches of wages was among the 3 highest ranked methods in 36 states, while recerti-fication reviews were among the 3 highest rankings in 31 states. Of the remaining methods, only QC reviews, computer matches of unearned income, and conflicting information from the recipient were ranked either 1, 2, or 3 by 14 or more states.

F. INVESTIGATION OF OVERISSUANCES

The second stage of the claims collection process, claims investigations, entails calculating the overissuance amount, determining the nature of the error, and undertaking any investigations into the circumstances of the error. Table II.14 focuses on the organization and structure of the investigation stage, while Table II.15 describes the characteristics of the investigation processes of states.

As shown in Table II.14, 45 of the 51 states use specialized staff to investigate suspected fraud cases. In contrast, only 22 states use specialized staff to investigate nonfraud claims. This difference reflects both the absence of investigations into nonfraud claims in several states and the general effort by most

TABLE II.13

FREQUENCY OF USE AND RELATIVE EFFECTIVENESS OF THE
METHODS USED TO DETECT OVERISSUANCES

Detection Method	Number of States Using the Detection Method	Number of States Ranking the Detection Method the Three Most Effective
Computer Matching		
Wages	47	36
Unearned income	33	16
Resources	12	2
Duplicate Participants Check	43	3
Error-Prone Profile	19	2
Hotline/Informal Complaint	48	8
Internal Audit	41	4
QC Review	51	19
Recertification Review	49	31
Special Investigation Units	42	9
Information from Other Agencies	47	5
Information from Recipient	50	14
Other[a]	6	2

SOURCE: Appendix Table A.8 contains the detailed information for each of the 51 states.

[a] Includes computer matches with credit bureau files, special case reviews, supervisory reviews, day-to-day activities of the caseworker, and manual bank record matches.

TABLE II.14

ORGANIZATION AND STRUCTURE OF THE INVESTIGATION
STAGE OF THE CLAIMS COLLECTION PROCESS

Characteristic	Number of States
Specialized Staff Involved in Claim Investigations	
Suspected fraud	45
Nonfraud	22
Investigation Includes Search for Additional Errors and/or Program Violations	
Suspected fraud	43
Nonfraud	36
Relative Emphasis on Fraud and Nonfraud Cases in Investigation and Establishment Efforts	
Fraud	19
Nonfraud	4
No difference	28

SOURCE: Appendix Table A.9 contains the detailed information for each of the 51 states.

TABLE II.15

CHARACTERISTICS OF THE INVESTIGATION STAGE OF
THE CLAIMS COLLECTION PROCESS

	Number of States	
Characteristic	Suspected Fraud	Nonfraud
Methods Always Used to Investigate the Claim		
Case file review	51	49
In-office/telephone interview	13	8
Home visit	4	0
Third-party contacts	25	7
Other[a]	2	1
Established System for Prioritizing Cases for Investigation	31	19

SOURCE: Appendix Table A.10 contains the detailed information for each of the 51 states.

[a] Includes forensic investigations and record checks in the case records of another system.

states to provide more thorough investigations into cases where fraud is suspected. The more intensive investigation of suspected fraud claims is also evidenced by the greater number of states that include searches for additional errors and/or program violations in cases of suspected fraud and by the greater relative emphasis on fraud cases in those states whose treatment of fraud and nonfraud cases differ.

The reasons cited by states which emphasize the investigation and establishment of fraud claims over nonfraud claims include (1) the necessity of protecting the integrity of the program by both eliminating current fraud and preventing future fraudulent acts, (2) the enhanced funding and financial incentives established by FNS to encourage the pursuit of fraud, and (3) the higher dollar amount involved in most fraud claims. For those 4 states emphasizing nonfraud claims, the greater ease with which nonfraud claims can be investigated and established and the greater potential for recovery of nonfraud claims were reported as the major factors.

Further evidence of the more intensive investigations of fraud claims is shown in Table II.15. In general, the states are more likely always to use all of the investigation methods, particularly client interviews and third-party contacts, to investigate suspected fraud claims than is true for nonfraud investigations. However, the greater effort involved in investigating suspected fraud claims has led to a greater need for establishing priorities to determine which cases of suspected fraud are investigated most actively.12/ Thirty-one states have established a system for prioritizing suspected fraud claims, while only 19 states use a system to prioritize nonfraud claims. The systems for prioritizing suspected fraud claims are most frequently based upon the dollar amount of the over-issuance, the quality of evidence that is available, and whether or not the claim involves a repeat offender or a flagrant violation of the program rules (see Table II.16). To a lesser extent, the age of the error and whether or not the household is currently participating in the program are used to determine which cases should be followed up most aggressively. For the systems which prioritize nonfraud claims, the dollar amount of

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12/A policy of "first in, first out," or processing claims in chronological order, is not considered a method for prioritizing cases.

TABLE II.16

CHARACTERISTICS OF THE CASE WHICH INCREASE THE
LIKELIHOOD THAT THE CLAIM IS INVESTIGATED

Characteristic	Number of States	
	Suspected Fraud	Nonfraud
State with System for Prioritizing Cases	31	19
Characteristic of Case That Increases Likelihood of Investigation		
Age/health/employment status of client	5	2
Public Assistance household	8	3
Household error	0	6
Age of error or claim	17	11
Active case	12	13
Dollar amount	30	17
Quality of evidence	30	0
Repeat offender/flagrant Violation	29	0
Other[a]	0	2

SOURCE: Appendix Table A.10 contains the detailed information for each of the 51 states.

[a] Includes errors due to unreported income and the projected cost of the follow-up on the case.

the overissuance, the age of the claim, and whether or not the
household is currently participating are the most important
factors.13/

G. ESTABLISHMENT OF THE CLAIM

Of the four methods available for establishing frauds claims--
prosecution, disqualification consent agreements (DCAs), admini-
strative disqualification hearings (ADHs), and waivers of the
hearing--only prosecution is used by all 51 states (see Table
II.17). DCAs are used by 43 states, while ADHs and waivers of
hearings are used by 47 and 42 states, respectively. In 8
states, the DCA and waivers of hearing are viewed as a single
process.

While all states use prosecutions to establish fraud claims,
only 12 of the states which use more than one establishment
method ranked it as the most frequently used method. The ADH
and the waiver of hearing were more often reported to be the
most common method used to establish fraud claims. In general,
the DCA was the method that was ranked as the least frequently
used approach.

In choosing the appropriate method for establishing fraud
claims, a number of states reported that the least expensive
methods (waivers of hearing and DCAs) were attempted first, with
prosecution and ADH reserved for the more difficult or severe
cases. In determining which cases will be pursued through
prosecution, all of the states except New York screen the cases
on the dollar amount of the overissuance (see Table II.18). New
York is unusual in that all cases are referred for prosecution.
Other factors which are frequently used to determine which cases
are referred for prosecution include whether or not the individ-
ual has a history of food stamp fraud and whether or not the
fraudulent act represents a flagrant violation of program rules.

Reviews by higher level staff of the decisions to establish
fraud and nonfraud claims would be expected to improve the
effectiveness of the establishment stage of the claims process

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13/ In three states (the District of Columbia, Illinois, and
Missouri) the system for prioritizing suspected fraud cases is a
very structured screening process. For the remaining systems
which prioritize suspected fraud and nonfraud cases, the
screening process is very informal and is intended only to
provide general guidelines about which cases should be pursued.

TABLE II.17

FREQUENCY WITH WHICH SPECIFIC METHODS
ARE USED TO ESTABLISH FRAUD CLAIMS

Characteristic	Number of States	Number of States Using More Than One Method Which Rank the Establishment Method As the Method Most Used[a]
States Using Establishment Method	51	49
Establishment Method		
Prosecution	51	12
Disqualification Consent Agreement	43	9
Administrative Disqualification Hearing	47	18
Waivers of Hearing	42	14

SOURCE: Appendix Table A.11 contains the detailed information for each of the 51 states.

NOTE: The disqualification consent agreement and the waiver of hearing constitute a single process in 8 states.

[a]The number of states ranking each method as the method most frequently used does not sum to 49 because 2 states did not rank the methods used, and 6 states ranked the disqualification consent agreement and the waiver of hearing jointly as the most frequently used method.

TABLE II.18

CHARACTERISTICS OF THE CASE WHICH ENTER INTO THE
DECISION TO REFER A CASE FOR PROSECUTION

Characteristic	Number of States
Dollar Amount	50
Repeat Offender	39
Flagrant Violation	39
Strength of Evidence	3
Age/Health of Client	2
Other[a]	4

SOURCE: Appendix Table A.11 contains the detailed information
for each of the 51 states.

[a]Includes fraud in multiple programs; prosecutor's interest,
time, and/or available funds for pursuing food stamp fraud; and
systems in which all suspected fraud cases are referred for
prosecution.

by providing a quality control function. The majority of the states (38) have such a review for fraud cases, nonfraud cases, or both (as shown in Appendix Table A.11). However, several states reported that the review process reduced the effectiveness of establishing claims because it created a bottleneck that greatly reduced the speed with which cases could be processed.

The staff involved in the claims collection process following the claims establishment stage represent a shift on three fronts from the staff involved in claims investigations. First, fraud claims that are referred for prosecution and are established through the courts often move to agencies outside of the control of the FSA (see Appendix Tables A.11 and A.12). Consequently, contacts with clients (including any payments on the claim) will often be funnelled through and monitored by the legal system (e.g., the probation office). The FSA may have little control over the success with which claims payments are collected. A second change in the staff who are involved in the claims process following claim establishment is the increased use of centralized, state-level staff. As was noted in Table II.1, the claims collection process in many states becomes more centralized as the case progresses through the six stages of the process. Finally, a shift has occurred toward using more specialized staff at the later stages of the claims process. For example, in 6 of the 29 states in which the nonfraud claims are investigated by nonspecialized staff (see Appendix Table A.9), specialized claims units are involved in notifying the household of the claim (see Appendix Table A.11) and/or arranging for the payment of the claim (see Appendix Table A.12).

H. COLLECTION OF PAYMENTS ON THE CLAIM

As shown in Table II.19, the stage of the claims process which focuses on the collection of payments on the claim is dispersed across various local-, district-, and state-level organizations. However, as we noted earlier, the claims process becomes increasingly concentrated in specialized units and state-level agencies when the claims establishment and the later stages of the process are reached. Thus, 33 states have a specialized claims/collections unit and 16 states have a fraud/investigation unit who are involved in arranging for claims payments. Over one-half of both types of units are operating at the state-level.

TABLE II.19

FUNCTIONAL LEVEL OF THE STAFF RESPONSIBLE FOR
ARRANGING FOR PAYMENT OF THE CLAIM

	Number of States				
	Agency	Claims/ Collections Unit	Fraud/ Investigation Unit	Legal Authority	Total
Level of Operation					
Local/county	27	10	4	13	30
District/region	0	4	3	4	6
State	2	21	9	14	28
All levels	27	33	16	31	51

SOURCE: Appendix Table A.12 contains the detailed information for each of the 51 states.

In attempting to obtain claims payments from the clients, states use varying schedules for mailing demand letters. The majority of the states have instituted policies to mail demand letters every 30 days; however, the number of demand letters which will be mailed ranges from 1 to a specified maximum of 16.[14]/ Other methods which are frequently used to notify households of a delinquent claim include late payment letters and periodic bills sent to the household.[15]/

Collecting claims payments from households which are no longer participating in the program and from households with claims due to agency error poses a significant problem, since such overpayments cannot, in general, be collected by recouping benefits.[16]/ Under the Omnibus Reconciliation Acts of 1981 and 1982, Congress provided states with the authority to use any alternative collection method available under state law; further legislation in 1985 (the Food Security Act of 1985) required that states use all cost-effective collection methods for food stamp overpayments. As shown in Table II.20, 37 states currently use some type of alternative collection technique if they are unable to collect through recoupment, although 5 states use the alternative collection methods only for fraud claims.[17]/ The most common such alternative methods are tax refund intercepts, wage garnishment, small claims court, and property liens.

In terms of the frequency with which they are applied, several states reported that alternative collection methods are viewed as an extreme solution and are used only rarely. Other states reported that, while they are applied infrequently, the threat of their imposition is often quite effective at generating payments on delinquent claims. Overall, tax refund intercepts, small claims court, and wage garnishment were the 3 most commonly used methods by states when an alternative collection method was applied.

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[14]/A number of states have not established a standard number of demand letters to be mailed.

[15]/Appendix Table A.12 contains the detailed state-level information on demand letters and other methods used to notify households of the delinquent claim.

[16]/Claims due to agency error can be collected through recoupment only if the client agrees to that type of repayment.

[17]/The states were not asked about what methods were available to them under state law, only about which methods they used.

44

TABLE II.20

FREQUENCY WITH WHICH ALTERNATIVE COLLECTION
METHODS ARE USED TO PURSUE DELINQUENT CLAIMS

Characteristic	Number of States	Number of States Using More Than One Method Ranking the Alternative Collection Method as the Method Used Most Frequently
States Using Alternative Collection Methods	37[b]/	23
Collection Method		
Tax refund intercept	16	7
Wage garnishment	17	4
Property liens	14	2
Small claims court	15	5
Private collection agency	7	1
Credit bureau	5	1
Civil actions	5	2
Other[a]/	7	1

SOURCE: Appendix Table A.13 contains the detailed information for each of the 51 states.

[a]/Includes oil revenue intercept; requirement that the client work at a state agency to pay off the claim; state collection agency; and garnishment of circuit breakers (property tax relief for the elderly), college grants, and bank accounts.

[b]/Five states use the alternative collection methods to pursue delinquent fraud claims only.

A substantial number (15) of the 37 states that do alternative collection methods have no established policies for determining which delinquent cases should be pursued with them (see Table II.21.) Of the remaining 22 states which do have established policies, 3 states pursue all delinquent cases and 19 states screen cases on, among other characteristics, whether or not the claim is a fraud claim, whether or not the household is a current program participant, the length of time that the claim has been delinquent, and the dollar amount outstanding on the claim. The screening of cases (in those state where it occurs) and the initiation of the alternative collection actions are performed almost exclusively by specialized units; only 3 states rely solely on staff workers in the local offices (see Appendix Table A.13). Furthermore, because about 70 percent of the states operate the alternative collections activities, at least in part, in state and/or district offices, the use of alternative collection methods appears to be largely a centralized process.

I. CLAIMS SUSPENSION AND TERMINATION

According to federal regulations, a claim for which collection actions have been initiated and the required number of demand letters sent can be suspended when--

o the household cannot be located, or

o the cost of further collection action is likely to exceed the amount that can be recovered.

A claim can be terminated after it has been held in suspension for three years and has been determined to be uncollectible. Appendix Tables A.14 and A.15 summarize the characteristics of the states' processes for, respectively, the suspension and termination of claims.

As noted in Appendix Table A.14, three states do not suspend claims at all, one state does not suspend fraud claims, and one state reported that claims are suspended very rarely. In three of these five states (the District of Columbia, New Hampshire, and Wisconsin), claims suspension is not used or is seldom used because of a policy which requires that claims be pursued continually. In the remaining two states (Hawaii and the Virgin Islands), procedures for suspending claims are now being implemented.

For the states which do suspend claims, the majority have instituted some type of system for reviewing delinquent claims

TABLE II.21

CHARACTERISTICS OF THE CASE WHICH ENTER INTO THE DECISION
TO PURSUE THE CASE WITH ALTERNATIVE COLLECTION METHODS

Characteristic	Number of States
States Using Alternative Collection Methods	37
Characteristics of Case That Increases the Likelihood of Pursuit	
Dollar amount	14
Inactive case	10
Long-term deliquency	11
Age of error or claim	3
Public Assistance household	2
Fraud claim	14
Other[a]	5
No Established Policy	15
All Cases Pursued	3

SOURCE: Appendix Table A.13 contains the detailed information for each of
the 51 states.

[a] Includes errors due to unreported income, household currently
employed or has resources, and nonadjudicated fraud cases.

to determine whether they should be suspended (see Table
II.22). Most states reported that this review process was
manual and very time-consuming. Thus, because of the shortage
of staff, the review often does not occur in a timely manner and
is not viewed as an effective method for maintaining an accurate
account of the collectible claims that are outstanding. Fewer
than one-half of the states reported that the claims suspension
decision was reviewed by higher level staff.

Although claims can be terminated after being held in suspension
for 3 years, 19 states reported that suspended claims were
carried on the books for longer periods of time (see Table
II.23). The time periods and reasons for carrying the suspended
claims varied, although 4 states have legal requirements which
prevent the forgiveness of a debt against the state and thus
must carry the suspended claim indefinitely. Other frequently
cited reasons for carrying suspended claims beyond the required
three years were (1) the continuation of efforts to collect on
the claim, and (2) the shortage of staff and/or resources for
the relatively low priority functions of claims suspension and
termination. Again, fewer than one-half of the states reported
that claims termination decisions are reviewed by higher level
staff.

J. CLAIMS COLLECTION EFFECTIVENESS

Assessing the effectiveness of the claims collection process
(and the various stages of the process) in each state, requires
data on the flow of cases through each stage of that claims
process. In particular, it is important to determine:

o The proportion of food stamp cases with an overissuance

o The proportion of overissuances that are identified

o The proportion of identified overissuances that lead to claim
   referrals

o The proportion of claims referrals that lead to established
   claims

o The proportion of established claims for which collections
   are obtained

o The proportion of established claims that become delinquent

o The proportion of claims that are eligible for suspension
   that are in fact suspended

48

TABLE II.22

CHARACTERISTICS OF THE PROCESS FOR CLAIMS SUSPENSION

Characteristic	Number of States
States Suspending Claims	48
Existence of Claims Review Process to Determine Which Claims Are Eligible for Suspension	
Yes	35
No	12
Information Not Available	1
Claims Suspension Decisions Are Reviewed by Higher Level Staff	
Yes	20
No	28

SOURCE: Appendix Table A.14 contains the detailed information for each of the 51 states.

TABLE II.23

CHARACTERISTICS OF THE PROCESS FOR CLAIM TERMINATION

Characteristic	Number of States
States Terminating Claims	47
Suspended Claims Carried on Books Longer Than Required Three Years	
Yes	19
No	28
Claim Termination Decisions Are Reviewed by Higher Level Staff	
Yes	20
No	27

SOURCE: Appendix Table A.15 contains the detailed information for each of the 51 states.

o The proportion of claims that are eligible for termination that are in fact terminated

It would also be useful to break the proportions down into those overissuances and claims associated with agency errors, household errors, and fraud (or suspected fraud), and to obtain such information over a period of time. Observations over time would indicate the stability of the relationships.

Unfortunately, as we noted earlier, the state FSAs do not maintain the information that is necessary for examining the effectiveness of the claims/collection process.18/ Thus, in obtaining a rough picture of the effectivenes of various claims collection systems, it is necessary to rely on professional estimates of effectiveness and the limited data available from the Form FNS-209 reports.

Professional
Estimates

The first issue addressed is the existence of a backlog of overissuances and claims to be processed at various stages of the claims process. As noted in Table II.24, only 5 states reported that they were able to handle overissuances and claims in a timely manner, and that no backlogs existed. Two other states reported that they had no backlogs of nonfraud overissuances or claims, but that backlogs of fraud claims had developed because of the longer time requirements of fraud investigations and the low priority placed upon fraud prosecution by the courts. A number of other states cited the long delays in investigating and establishing fraud claims as a major cause of their backlogs of fraud and suspected fraud cases. However, the most frequent reasons given for the existence of backlogs of overissuance and claims were the shortage of staff and/or resources devoted to claims collection activities and the relatively low priority of claims collections within the scope of FSA functions.

The professional estimates of the percentages of cases handled successfully at each stage of the claims process reported in Table II.25 are based solely upon the respondent's knowledge of their state systems. In no state was the respondent able to base his or her estimates on hard data. Consequently, these

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18/However, several states reported that it would be possible to draw at least part of the needed information from their automated systems.

TABLE II.24

REASONS GIVEN FOR THE BACKLOG OF OVERISSUANCES
AND CLAIMS TO BE PROCESSED

Characteristic	Number of States
States with a Backlog	46
Reason for Backlog	
Shortage of Staff/Resources	32
Claims are Low Priority	17
Process is Slow for Fraud Cases	9
Lack of Data Processing Capabilities	4
Limitations on Recoupment/Weak Regulations	4
No Reason Given	4

SOURCE: Appendix Table A.16 contains the detailed information for each of the 51 states.

TABLE II.25

ROUGH PROFESSIONAL ESTIMATES OF THE EFFECTIVENESS
OF THE CLAIMS COLLECTION PROCESS

Effectiveness Measure	Range of Values	Median Value	Number of States Providing an Estimate
Percentage of:			
Identified Overissuances That Result in Claim Referrals	33-100	95	21
Claim Referrals That Result in Established Claims	34-100	98	31
Claim Referrals for Suspected Fraud That Result in Established Fraud Claims	8-99	70	35
Established Claims for Which Some Collections Are Made	15-100	65	34
Established Claims That Eventually Become Delinquent	15-90	50	33

SOURCE: Appendix Table A.16 contains the detailed information for each of the 51 states.

data should be viewed as rough professional judgments on the effectiveness of the systems.[19]

Although respondents in a substantial number of states were not able to provide estimates of system effectiveness, the information that was provided suggests that the claims referral and claims establishment stages of the process are believed to be fairly effective, and that the establishment of nonfraud claims is more successful than the establishment of fraud claims. The collection of payments on the established claims appears to be much less effective; only one state reported some collections from every case established. The estimated percentage of established claims that eventually become delinquent ranged from a low of 15 to a high of 90 percent. Twenty-four of the 33 states which provided information estimated that 50 percent or more of their established claims eventually become delinquent (Appendix Table A.16).

Existing Data

The existing data for examining the effectiveness of state claim collection processes include QC error rates (to estimate the level of overissuances) and information from Form FNS-209. While these data can be used to construct rough measures of the effectiveness of the claims collection system (as reported in Table II.26), several problems are associated with these measures. First, there is evidence (OIG, 1985) that the timely and accurate reporting from state agencies to FNS on claim activities via Form FNS-209 is problematic. Thus, the available claims data may not be of particularly high quality. Second, measuring the effectiveness of the claims process requires information on the flow of cases through the process. The Form FNS-209 provides information on the current status of the cases within the system at a single point in time; consequently, the measures of effectiveness that can be constructed are based upon inappropriate time frames. For example, instead of the desired measure of the proportion of claims referrals that lead to established claims over some time period, the constructed variable using Form FNS-209 data is the ratio of the total number of claims established during the fiscal year to the total number of claims referrals made during the same fiscal year. It is not clear how closely the constructed variables based on the Form FNS-209 data will approximate the desired measures of effectiveness.

Based on the most recent QC error rate data available (FY 1984) to construct an estimate of the total issuance in error in FY

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[19] Note there are no professional estimates for the effectiveness of the beginning stages of the claims process (i.e., the detection of overissuances).

TABLE II.26

ROUGH MEASURES OF THE EFFECTIVENSS OF THE
CLAIMS COLLECTION PROCESS, FY 1985

Effectiveness Measure	Range of Values	Median Value
Value of Claims Established for Each $100 of Food Stamps Issued in Error	$4.67 - $73.07	$14.64
Value of Claims Collected for Each $100 of Claims Established	$7.08 - $68.75	$37.97
Value of Claims Collected for Each $100 of Food Stamps Issued in Error	$1.24 - $24.32	$5.36

SOURCE: Appendix Table A.17 contains the detailed information for each of the 51 states (and also information for California and North Dakota).

1985 for each state and the state's Form FNS-209 data on claims collection activities in FY 1985, three rough measures of the effectiveness of the state's claims collections process were obtained (see Table II.26).20/ The dollar value of claims established in FY 1985 for each $100 of food stamps issued in error in FY 1985 ranged from $4.67 for Louisiana to $73.07 for Hawaii. It would appear that states at the higher end of the range effectively identify and pursue overissuances through claims establishment, while states at the lower end of the range do not identify existing overissuances and/or do not effectively establish claims once the overissuance has been discovered. Furthermore, with the median value at $14.64 of established claims for each $100 of food stamps issued in error, it appears that the claims collection process from the detection through the claims establishment stages is not particularly effective.

The states would appear to be somewhat more successful at the collection stage of the claims process; the median value of claims collections in FY 1985 for each $100 of claims established in FY 1985 was about $38. However, interpreting this variable is rather difficult since (1) not all claims would be expected to be paid off during the year in which they were established, and (2) the measure compares FY 1985 collections on all claims, regardless of when they were established, with all claims established in FY 1985.

The final entry in Table II.26 is a rough measure of the effectiveness of the overall claims collection process as it relates total collections (on all claims) in FY 1985 to total overissuances in FY 1985. With a median value of $5.36 of collections in FY 1985 for each $100 in overissuances in that period, it is clear that there is a great deal of room for improvement in the claims collection processes.

20/Note that California and North Dakota are included in this table.

Gaining an understanding of the different approaches adopted by the states for claims collection and attempting to relate the various approaches to measures of system effectiveness require

previous chapter be reduced to a smaller number of important distinctions. In this section, the descriptive typologies which will be used to classify the claims collection processes are defined, the state systems are characterized based on those criteria, and the relative effectiveness of the states' claim collection processes are examined using the descriptive typology.

A. DEFINING THE DESCRIPTIVE TYPOLOGIES

Grouping the detailed characteristics of the state claims collection processes to obtain summary descriptions of the state systems is of course subjective; results depend on which system features or capabilities are selected for the descriptive typology, and what detailed characteristics are included in each summary measure. The definitions of the descriptive typologies used in this study are based upon the observed variation in the detailed characteristics of the state systems generated by the census and the subjective assessment of which characteristics are most likely to be associated with the effectiveness and efficiency of the claims process.1/ These descriptive typologies are not all inclusive of the characteristics presented in the previous chapter; however, they are intended to reflect the major variations in the claims collection processes that were observed in the census. As shown in Table III.1, summary measures are developed to characterize the organization and operation of the claims collection process.

The descriptive typologies of Table III.1 cover six areas:

1. The organization of the claims collection process within the state

TABLE III.1

DETAILED CHARACTERISTICS OF THE STATE'S CLAIMS COLLECTION PROCESS INCLUDED IN
THE DESCRIPTIVE TYPOLOGIES

Descriptive Typology	Detailed Characteristics Included in the Descriptive Typology	Measure	Source
ORGANIZATION OF THE PROCESS	Level of responsibility for the operation of the claims collection process for fraud and nonfraud claims is at the district or state level for: o claims investigations o claims establishment o claims collections o follow-up on delinquent claims o claims suspension/termination	Percentage of the five stages of the claims collection process for fraud and nonfraud claims that are handled at the district or state level.	Appendix Table A.1
OPERATION OF THE PROCESS	Specialized staff are involved in the operation of the claims collection process for: o claims establishment o claims collections	A binary (yes/no) variable indicating the use of specialized staff in the establishment and collections stages of the claims collection process.	Appendix Tables A.11 and A.12
AUTOMATED FUNCTIONS	Claims collection process is automated for: o calculation of amount of overissuance o calculation of amount of recoupment o deduction of recoupment amount from issuance o generation of demand letters	Percentage of the four routine claim functions that are automated.	Appendix Table A.3
AUTOMATED HISTORY	Automated history is maintained for: o case actions o claims payments through recoupment o claims payments through other methods	Percentage of the three types of claims histories that are maintained by the automated system.	Appendix Table A.3
MANAGEMENT METHODS	Methods used to manage the claims collection process include: o routine summary reports o routine reports on the status of individual cases o staff training o manuals on claims collections o established time limits	Percentage of the five management methods that are used in the claims collection process.	Appendix Tables A.4 and A.5
MONITORING METHODS	Methods used to monitor individual cases within the claims collection process include: o established tracking system o system of flags o system for aging claims	Percentage of the three monitoring methods that are used in the claims collection process.	Appendix Table A.6 and A.7
ESTABLISHMENT METHODS	Methods used to establish fraud claims include: o prosecution o disqualification consent agreements o administrative disqualification hearings o waivers of hearings	Percentage of the four establishment methods that are used to establish fraud claims.	Appendix Table A.11
ALTERNATIVE COLLECTION METHODS	Alternative collection methods (e.g., tax refund intercept, wage garnishment) used to pursue delinquent claims	A binary (yes/no) variable indicating the use of at least one alternative collection method.	Appendix Table A.13

4. The methods used to administer the claims collection process

5. The methods used to establish claims

6. The use of alternative methods to collect claims payments

The measures for each of the descriptive typologies are based on either a simple yes/no distinction (e.g., specialized staff are involved in claims establishment and collections) or a numeric value for the total "value" of the component variables in that descriptive typology (e.g., the percentage of the five stages of the claims process for which operational responsibility is at the district or state level). It is important to note that a "yes" or a higher score for a particular descriptive typology does not necessarily indicate a "better" system--it simply indicates the degree to which the claims system possesses a particular characteristic that is hypothesized to be associated with the effectiveness of the claims collection process.

B. CHARACTERISTICS OF THE CLAIMS COLLECTION PROCESS

The characterization of each state's claims collection process based on the descriptive typologies is presented in Table III.2.2/ As indicated by the table, the states' claims collection processes vary widely across each of the descriptive typologies. With the exception of the measures of management methods and establishment methods, each descriptive typology includes states which do not possess that characteristic and states which have a full value for that measure. In terms of the management methods and establishment methods typologies, all states use at least one of the methods included in each of the measures. Further evidence of the variation in the states' claims processes is indicated in Table III.3, which presents the full range of response values for each of the descriptive typologies.

While each of the descriptive typologies can be used to classify the state claims collection processes independently, it is

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2/To the extent that the state data collected in the census are less than complete, the descriptive typology for that state will reflect a preliminary overview of the claims collection process. The more complete portrait of that state's system will be prepared following the survey.

TABLE III.2

SUMMARY OF SELECTED CHARACTERISTICS OF CLAIMS COLLECTION PROCESS, BY STATE

Jurisdiction	ORGANIZATION OF THE PROCESS: Percentage of Claims Process Centralized	OPERATION OF THE PROCESS: Specialized Staff Involved In Claims Establishment and Collections	AUTOMATED FUNCTIONS: Percentage of Routine Claims Functions Automated	AUTOMATED HISTORY: Percentage of Case Action and Claims Payment Histories Automated	MANAGEMENT METHODS: Percentage of Management Methods Used	MONITORING METHODS: Percentage of Monitoring Methods Used	ESTABLISHMENT METHODS: Percentage of Establishment Methods Used	ALTERNATIVE COLLECTION METHODS: Alternative Collections Methods Used
Alabama	0	No	25	100	100	67	100	No
Alaska	80	Yes	75	100	60	67	100	Yes
Arizona	100	Yes	50	100	60	67	100	Yes
Arkansas	80	Yes	75	100	100	100	100	Yes
Colorado	0	Yes	50	0	60	100	75	Yes
Connecticut	100	Yes	75	67	80	67	100	Yes
Delaware	100	Yes	50	33	60	67	100	Yes
District of Columbia	100	Yes	50	100	60	67	100	Yes
Florida	100	Yes	75	100	100	100	100	Yes
Georgia	40	Yes	100	100	80	100	100	Yes
Guam	100	Yes	0	0	80	67	100	No
Hawaii	60	No	100	67	80	67	100	No
Idaho	70	Yes	0	0	60	67	75	Yes
Illinois	100	Yes	0	100	80	33	100	Yes
Indiana	20	No	0	33	60	67	50	Yes
Iowa	100	Yes	75	100	80	33	50	Yes
Kansas	80	No	50	100	80	67	100	Yes
Kentucky	100	Yes	25	33	100	67	100	Yes
Louisiana	100	Yes	75	100	100	100	100	Yes
Maine	20	No	50	67	40	67	100	No
Maryland	50	No	0	33	60	67	100	Yes
Massachusetts	100	Yes	75	67	60	100	100	Yes
Michigan	50	No	75	100	80	33	100	Yes
Minnesota	20	Yes	25	100	80	67	25	Yes
Mississippi	80	Yes	25	33	60	67	100	No
Missouri	80	Yes	25	100	100	67	100	Yes
Montana	70	No	25	67	60	67	75	Yes
Nebraska	50	No	25	67	60	67	100	No
Nevada	0	Yes	75	100	80	67	100	Yes
New Hampshire	100	Yes	0	33	60	67	75	Yes
New Jersey	0	Yes	0	0	80	67	100	Yes

TABLE III.2 (continued)

Jurisdiction	ORGANIZATION OF THE PROCESS: Percentage of Claims Process Centralized	OPERATION OF THE PROCESS: Specialized Staff Involved In Claims Establishment and Collections	AUTOMATED FUNCTIONS: Percentage of Routine Claims Functions Automated	AUTOMATED HISTORY: Percentage of Case Action and Claims Payment Histories Automated	MANAGEMENT METHODS: Percentage of Management Methods Used	MONITORING METHODS: Percentage of Monitoring Methods Used	ESTABLISHMENT METHODS: Percentage of Establishment Methods Used	ALTERNATIVE COLLECTION METHODS: Alternative Collections Methods Used
New Mexico	80	Yes	100	100	80	33	100	No
New York	0	Yes	50	100	60	67	100	Yes
North Carolina	20	No	75	100	60	67	100	Yes
Ohio	0	Yes	0	0	60	100	100	Yes
Oklahoma	100	Yes	50	67	60	67	75	No
Oregon	100	Yes	75	100	100	100	100	Yes
Pennsylvania	100	Yes	25	100	60	67	50	Yes
Rhode Island	90	Yes	50	100	60	100	100	No
South Carolina	20	Yes	75	100	100	100	100	Yes
South Dakota	60	Yes	50	100	100	100	100	Yes
Tennessee	60	Yes	0	0	60	0	100	No
Texas	90	Yes	75	100	100	100	75	Yes
Utah	80	Yes	50	67	60	67	100	Yes
Vermont	30	Yes	75	100	100	67	100	No
Virginia	50	No	0	100	80	67	50	No
Virgin Islands	100	Yes	100	0	40	67	100	No
Washington	70	Yes	75	100	80	67	100	Yes
West Virginia	100	Yes	50	33	60	67	100	Yes
Wisconsin	0	No	100	0	20	67	25	No
Wyoming	50	Yes	25	100	100	67	75	Yes

TABLE III.3

FREQUENCIES OF STATES' RESPONSE VALUES FOR THE DESCRIPTIVE TYPOLOGIES

Descriptive Typology	Response Value	Frequency (Percent)
ORGANIZATION OF THE PROCESS: Percentage of Claims Process Centralized	0	13.7
	10-20	9.8
	30-40	3.9
	50	9.8
	60-70	11.8
	80-90	17.7
	100	33.3
		100.0
OPERATION OF THE PROCESS: Specialized Staff Involved in Establishment and Collections	Yes	76.5
	No	23.5
		100.0
AUTOMATED FUNCTIONS: Percentage of Routine Claims Functions Automated	0	19.6
	25	17.7
	50	23.5
	75	29.4
	100	9.8
		100.0
AUTOMATED HISTORY: Percentage of Case Action and Claims Payment Histories Automated	0	15.7
	33	13.7
	67	15.7
	100	54.9
		100.0
MANAGEMENT METHODS: Percentage of Management Methods Used	0	0.0
	20	2.0
	40	3.9
	60	43.1
	80	27.5
	100	23.5
		100.0
MONITORING METHODS: Percentage of Monitoring Methods Used	0	2.0
	33	7.8
	67	66.7
	100	23.5
		100.0

TABLE III.3 (continued)

Descriptive Typology	Response Value	Frequency (Percent)
ESTABLISHMENT METHODS: Percentage of Establishment Methods Used	0	0.0
	25	3.9
	50	7.8
	75	13.7
	100	74.5
		100.0
ALTERNATIVE COLLECTION METHODS: Alternative Collection Methods Used	Yes	72.6
	No	27.5
		100.0

worth considering whether relationships exist among the descriptive typologies which will facilitate grouping the claims collection processes into a more concise classification scheme.

Table III.4 examines the relationships among the descriptive typologies. The column entries in Table III.4 reflect the mean response values for each of the descriptive typologies for all states and for selected state subgroups. The subgroups of states are defined on the basis of several of the descriptive typologies (e.g., states with highly centralized claims collection processes). For each of the state subgroups, the mean value for each descriptive typology is compared with the mean value for those states not included in that subgroup to determine whether significant differences exist among the responses. (Note that the mean values for the excluded states are not reported in the table.) Significant differences in the mean response values for a particular descriptive typology (noted by an asterisk in the table) indicate a high correlation between that descriptive typology and the descriptive typology used to define the subgroup under consideration. Thus, the related descriptive typologies could be used to distinguish more concisely among different types of claims collection systems.

As shown in the table, only limited correlation exists among the eight descriptive typologies. The subgroup of states with highly centralized claims collection processes indicates that a significant association exists between the extent to which the claims process is centralized and the use of specialized staff to operate the claims processes. All of the states with highly centralized claim processes use specialized staff at the establishment and collection stages of the claims process, while about 77 percent of all states do so. Other significant relationships which can be observed in Table III.4 include the tendency of states which use specialized staff to use more of the management methods included in the descriptive typologies, and to be more likely to use at least one alternative collection technique. In addition, states that have relatively high levels of automation use more management methods.

Although there does not appear to be a simple classification scheme that captures the wide variation in the state's claims collection processes, it is perhaps useful to consider where states fall within an arbitrary classification scheme that focuses on a limited set of distinguishing characteristics. The characteristics selected--the extent to which the claims process is centralized, the use of automation, and the use of management

TABLE III.4

MEAN RESPONSE VALUES FOR DESCRIPTIVE TYPOLOGIES, BY ALL STATES AND SELECTED STATE SUBGROUPS

Descriptive Typology	All States	States with Highly Centralized Claims Processes	States Using Specialized Staff	States with Routine Functions and Case Histories Automated	States Using All Four Fraud Establishment Methods	States Using at Least One Alternative Collection Technique
ORGANIZATION OF THE PROCESS: Percentage of Claims Process Centralized	63.7	100.0*	71.3*	68.4	65.3	65.7
OPERATION OF THE PROCESS: Specialized Staff Involved in Establishment and Collections	76.5	100.0*	100.0*	79.0	78.9	83.8*
AUTOMATED FUNCTIONS: Percentage of Routine Claims Functions Automated	48.0	50.0	49.4	57.9*	52.6*	47.3
AUTOMATED HISTORY: Percentage of Case Action and Claims Payment Histories Automated	69.9	66.6	70.1	86.0*	72.8	74.8
MANAGEMENT METHODS: Percentage of Management Methods Used	73.3	72.9	75.9*	77.4*	75.3	76.2*
MONITORING METHODS: Percentage of Monitoring Methods Used	70.8	70.8	72.8	73.0	71.2	74.1*
ESTABLISHMENT METHODS: Percentage of Establishment Methods Used	89.7	91.1	91.7	92.8	100.0*	89.9
ALTERNATIVE COLLECTION METHODS: Alternative Collection Methods Used	72.6	82.4	79.5*	76.3	71.1	100.0*
Number of States	51	51	39	38	38	37

*The mean for this state subgroup is significantly different from the mean for the remaining states at the 10 percent level (one-tailed test).

and monitoring methods—are among those believed to be closely associated with the effectiveness and efficiency of the claims collection process. However, because numerous other factors may affect the claims collection system, this attempt at classifying the state's claims processes should be viewed simply as one method of distinguishing among the types of processes rather than as an attempt to grade or rate the state agencies. Figure III.1 presents the classification of state claims collection processes based on this three-way classification scheme.

C. RELATIVE EFFECTIVENESS OF THE CLAIMS COLLECTION PROCESSES

Using two of the rough measures of effectiveness from Appendix Table A.17, we have constructed two indices of the relative effectiveness of the states' claims collection processes.3/ The two indices are (1) states with both of the effectiveness measures above their respective median values and (2) states with neither of the effectiveness measures above their respective median values. Thus, the first index identifies states which appear to be particularly successful at claims collection, while the second identifies states which appear to be less successful. In Table III.5, subgroups of states defined on the basis of these two indices are examined to determine whether any of the descriptive typologies distinguish between the relatively effective or less effective systems.

Not surprisingly, given the poor quality of the effectiveness data, a close relationship does not appear to exist between any of the characteristics included in the descriptive typologies and the measures of claims collection effectiveness. The descriptive typologies do not distinguish between states which are successful relative to all other states and states which are less successful relative to all other states. Nor do the descriptive typologies distinguish between the 10 relatively successful and 12 relatively less successful states. However, given the poor quality of the effectiveness measures, it is not clear whether this indicates that important dimensions have been excluded from the descriptive profile or simply that the data used to develop the effectiveness measures do not adequately reflect the effectiveness of the states' claims collections processes.

3/The two measures from Appendix Table A.17 are the value of claims established for each $100 of food stamps issued in error and the value of claims collected for each $100 of claims established.

66

TABLE III.5

MEAN RESPONSE VALUES FOR DESCRIPTIVE TYPOLOGIES,
BY ROUGH MEASURES OF EFFECTIVENESS

Descriptive Typology	States with Both Effectiveness Measures above the Median Values	States with Neither Effectiveness Measure above Its Median Value
ORGANIZATION OF THE PROCESS: Percentage of Claims Process Centralized	66.0	57.5
OPERATION OF THE PROCESS: Specialized Staff Involved in Establishment and Collections	70.0	91.7
AUTOMATED FUNCTIONS: Percentage of Routine Claims Functions Automated	50.0	52.1
AUTOMATED HISTORY: Percentage of Case Action and Claims Payment Histories Automated	76.7	75.0
MANAGEMENT METHODS: Percentage of Management Methods Used	74.0	70.0
MONITORING METHODS: Percentage of Monitoring Methods Used	70.2	72.3
ESTABLISHMENT METHODS: Percentage of Establishment Methods Used	92.5	85.4
ALTERNATIVE COLLECTION METHODS: Alternative Collection Methods Used	80.0	75.0
Number of States	10	12

*The mean for this state subgroup is significantly different from the mean for the remaining states at the 10 percent level (one-tailed test).

67

FIGURE III.1

THREE-WAY CLASSIFICATION OF STATE CLAIMS COLLECTION PROCESSES

(3) Automation of the Claims Collection Process	(1) Centralization of the Claims Collection Process					
	Substantial District/Region and/or State Involvement		Some District/Region and/or State Involvement		Only Local/County Involvement	
	(2) Use of Management and Monitoring Methods		(2) Use of Management and Monitoring Methods		(2) Use of Management and Monitoring Methods	
	Substantial Use	More Limited Use	Substantial Use	More Limited Use	Substantial Use	More Limited Use
Highly Automated	Arkansas Florida Louisiana Oregon Texas	Alaska Iowa New Mexico	Georgia South Carolina Vermont Washington	Michigan North Carolina	Nevada	
Partially Automated	Connecticut Kansas Kentucky Missouri	Arizona Delaware District of Columbia Illinois Massachusetts Mississippi New Hampshire Oklahoma Pennsylvania Rhode Island Utah Virgin Islands West Virginia	Hawaii Minnesota South Dakota Virginia Wyoming	Indiana Maine Maryland Montana Nebraska	Alabama	Colorado New York Wisconsin
Manual	Guam			Idaho Tennessee	New Jersey	Ohio

NOTES: The breakdowns within the three dimensions of the classification scheme are derived from the descriptive typology of Table III.1 and are as follows: (1) Centralization of the Claims Collection Process: states with 80 percent or more of their claims process centralized are classified as having "substantial district/region and/or state involvement"; states with no district/region or state-level involvement in their claims process are classified as having "only local/county involvement"; the remaining states are classified as having "some district/region and/or state involvement." (2) Use of Management and Monitoring Methods: states using 80 percent or more of the management methods and 67 percent or more of the monitoring methods are classified as having "substantial use" of management and monitoring methods; the remaining states are classified as having "more limited use." (3) Automation of the Claims Collection Process: states with 75 percent or more of the routine claims functions automated and 100 percent of the case action and claims payment histories automated are classified as having "highly automated" claims collection processes; states with no automation of either claims functions; or claims histories are classified as "manual" processes; the remaining states are classified as having "partially automated" claims collection processes.

U.S. Department of Agriculture, Food and Nutrition Service.
State Tables of Activity Ranking, Plus. Washington, D.C.: U.S.
Department of Agriculture, April 1986.

U.S. Department of Agriculture, Office of Inspector General.
Management of Food Stamp Claims. Washington, D.C.: U.S.
Department of Agriculture, January, 1985.

APPENDIX A

SUPPLEMENTAL TABLES

TABLE A.1

ORGANIZATION OF THE CLAIMS COLLECTION PROCESS, BY STATE

Jurisdiction	State Supervised/ County Administered	Level of Responsibility for Operation of the Claims Process (Q1.00)										Use of Specialized Staff	
		Investigations Suspected		Establishment		Collections		Follow-up for Delinquent Claims		Suspension/Termination		Claims/ Collections Staff or Unit	Fraud/ Investigations Staff or Unit
		Fraud	Nonfraud	Fraud	Nonfraud	Fraud	Nonfraud	Fraud	Nonfraud	Fraud	Nonfraud		
Alabama	Yes	L	L	L	L	L	L	L	L	L	L	S	
Alaska	No	L	L	S	S	S	S	S	S	S	S	S	S
Arizona	No	L,S	L,S	S	S	S	S	S	S	S	S	L,S	S
Arkansas	No	L	L	S	S	S	S	S	S	S	S	S	S
Colorado	Yes	L	L	L	L	L	L	L	L	L	L	L	L
Connecticut	No	S	L,S	S	L,S	S	S	S	S	L,S	L,S	L,D,S	S
Delaware	No	L,S	S	S	S	S	S	S	S	S	S	S	S
District of Columbia	No	S	S	S	S	S	S	S	S	S	S	S	S
Florida	No	S	D	S	D	D	D	D	D	D	D	D,S	D
Georgia	Yes	L,S	L	L,S	L	L,S	L	L,S	L	L	L		S
Guam	No	S	S	S	S	S	S	S	S	S	S	S	S
Hawaii	No	L,S	L	S	L	S	S	S	S	N.A.	N.A.		S
Idaho	No	L,S	L	L	L	L,D	L,D	L,D	L,D	L,D	L,D	L,D	L,D,S
Illinois	No	L,S	L,S	L,S	L,S	S	S	S	S	S	S	S	S
Indiana	Yes	L	L	L	L	L	L	L,S	L,S	L	L	L	
Iowa	No	L,S	L,S	L,S	L,S	S	S	S	S	S	S	S	S
Kansas	No	L,D	L	D	L	L,D,S	L,S	D,S	S	S	S		D
Kentucky	No	L,S	L,S	L,S	L,S	L,S	L,S	L,S	L,S	S	S	L,S	S
Louisiana	No	L,D	L,D	S	S	S	S	S	S	S	S	S	D,S
Maine	No	L	L	L	L	L	L	L	L	S	S	S	S
Maryland	Yes	L,S	L,S	L,S	L	L,S	L	L,S	L	L	L	L	L,S
Massachusetts	No	S	L,S	S	S	S	S	S	S	S	S	S	S
Michigan	No	S	L	S	L,S	L	L	S	S	L	L	L,S	L,S
Minnesota	Yes	L	L	L	L	L	L	L	L	L,S	L,S	L	L
Mississippi	No	L,S	L,S	S	S	L,S	L,S	L	L	S	S	L,S	S
Missouri	No	L	L	D,S	D,S	L,S	L,S	L,S	L,S	L,S	L,S		D
Montana	Yes	L	L	L,S	L	S	S	S	S	S	S	S	
Nebraska	No	L,S	L	L	L	L,S	L	S	L	S	L,S		S
Nevada	No	L	L	L	L	L	L	L	L	L	L	L,S	L
New Hampshire	No	S	S	S	S	S	S	S	S	S	S	S	S
New Jersey	Yes	L	L	L	L	L	L	L	L	L	L	L	L

TABLE A.1 (continued)

| Jurisdiction | State Supervised/ County Administered | Level of Responsibility for Operation of the Claims Process (Q1.00) | | | | | | | | | | Use of Specialized Staff | |
| | | Investigations | | Establishment | | Collections | | Follow-up for Delinquent Claims | | Suspension/Termination | | Claims/ Collections Staff or Unit | Fraud/ Investigations Staff or Unit |
		Suspected Fraud	Nonfraud	Fraud	Nonfraud	Fraud	Nonfraud	Fraud	Nonfraud	Fraud	Nonfraud		
New Mexico	No	L,S	L	L,S	L	S	S	S	S	S	S	S	S
New York	Yes	L	L	L	L	L	L	L	L	L	L	L,S	L
North Carolina	Yes	L	L	L	L	L,S	L,S	L	L	L	L	L	L
Ohio	Yes	L	L	L	L	L	L	L	L	L	L	L,S	
Oklahoma	No	L,S	L,S	S	S	S	S	S	S	S	S	S	S
Oregon	No	L,D,S	L,D	L,S	L,S	S	S	S	S	S	S	D.S	
Pennsylvania	No	L,S	L,S	L,S	L,S	S	S	S	S	S	S	L,S	
Rhode Island	No	L,S	L	S	S	S	S	S	S	S	S	S	S
South Carolina	Yes	L,S	L	L,S	L	L	L	L	L	L	L	L	
South Dakota	No	L	L	L	L	D,S	D,S	D,S	D,S	S	S	L,D,S	
Tennessee	No	L	L	L,S	L,S	L,S	L	L,S	L	L,S	L,S		L
Texas	No	D	D	L,D	L,D	S	L,D	S	L,D	S	L	L,D	L,S
Utah	No	L	L	S	S	S	S	S	S	S	S	L,S	
Vermont	No	S	L	L	L	S	S	L	L	L	L		S
Virginia	Yes	L	L	L,S	L	L,S	L,S	L	L	L,S	L,S	L	L
Virgin Islands	No	L,D	L,D	D	D	D	D	S	S	S	S	D	S
Washington	No	L	L	L,S	L	S	S	S	S	S	S	L,S	S
West Virginia	No	D	D	D	D	S	S	S	S	D	D	S	S
Wisconsin	Yes	L	L	L	L	L	L	L	L	L	L		L
Wyoming	No	L	L	L,S	L	L	L	L S	L,S	S	S	L.S	

KEY. Level of Responsibility and Specialized Staff. L = Local/County
    D = District/Region
    S = State

N.A. = Not Applicable

NOTES: The claim referral stage of the claim collection process is not included under the table entry "Level of Responsibility" because it is a local/county function in all states. The table entry "Use of Specialized Staff" is drawn from a series of 15 questions which focus upon the division of responsibilities for the various stages of the claims process. Those questions are: Q5.00, Q5.05, Q5.17, Q5.24, Q6.07, Q6.08, Q7.00, Q7.01, Q8.02, Q8.08a, Q8.08b, Q8.08c, Q9.00, Q9.07, and Q9.13.

¹Hawaii does not suspend or terminate claims.

TABLE A.2

THE INTEGRATION OF THE FOOD STAMP CLAIMS COLLECTION PROCESS WITH THE CLAIMS COLLECTION PROCESS OF OTHER PROGRAMS, BY STATE

Jurisdiction	Claims Collection Process Is Integrated (01.01)	Stage of the Claims Collection Process (01.02)					
		Referral	Investigations	Establishment	Collections	Follow-up for Delinquent Claims	Suspension/ Termination
Alabama	No						
Alaska	Yes	A	A	A	A	A	A
Arizona	Yes	A,G	A,G	A,G	A,G	A,G	A,G
Arkansas	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
Colorado	Yes	A,M	A,M	A,M			
Connecticut	Yes	A	A	A			
Delaware	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
District of Columbia	Yes	A,M,G	A,M,G				
Florida	Yes	A,M	A,M	A,M	A,M	A,M	A,M
Georgia	Yes	A	A	A	A	A	A
Guam	Yes	A	A	A	A	A	A
Hawaii	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	
Idaho	Yes	A,M	A,M	A,M	A,M	A,M	A,M
Illinois	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
Indiana	Yes	A,M	A,M	A,M	A,M	A	A
Iowa	Yes	A,M	A,M	A,M	A,M	A,M	A,M
Kansas	Yes	A,M,G	A,M,G	A,M,G	A,M,G		
Kentucky	No						
Louisiana	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
Maine	Yes	A	A	A	A	A	A
Maryland	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
Massachusetts	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
Michigan	Yes	A,M,G	A,M,G	A,G	A,G	A,G	
Minnesota	Yes	A	A,M,G	A	A	A	A
Mississippi	Yes	A,M	A,M	A,M	A	A	A
Missouri	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
Montana	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
Nebraska	No						
Nevada	No						
New Hampshire	Yes		A,M,G				
New Jersey	Yes	A,M	A,M	A,M	A,M	A,M	A,M

Jurisdiction	Claims Collection Process is Integrated (Q1.Q1)	Stage of the Claims Collection Process (Q1.Q2)					
		Referral	Investigations	Establishment	Collections	Follow-up for Delinquent Claims	Suspension/ Termination
New Mexico	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
New York	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
North Carolina	Yes		A,M,G				
Ohio	Yes	A,M,G	A,M,G	A,M,G	A	A,M,G	A,M,G
Oklahoma	Yes	A,M	A,M	A,M	A,M	A,M	A,M
Oregon	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
Pennsylvania	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
Rhode Island	Yes	A,M,G	A,M,G		A,M,G	A,M,G	A,M,G
South Carolina	No						
South Dakota	Yes	A	A	A	A	A,M	A,M
Tennessee	Yes	A	A	A	A	A	A
Texas	Yes	A,M	A,M	A,M	A,M	A,M	A,M
Utah	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
Vermont	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
Virginia	Yes		A,M,G		A,M		
Virgin Islands	No						
Washington	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
West Virginia	Yes		A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
Wisconsin	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G
Wyoming	Yes	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G	A,M,G

KEY: Programs: A = AFDC or ADC
M = Medicaid
G = General Assistance or General Relief

TABLE A.3

CHARACTERISTICS OF THE AUTOMATED CLAIMS COLLECTION PROCESS, BY STATE

	Claims Process Is Automated (Q3.09)	Functions Performed by the Automated Claims Collection Process							
Jurisdiction		Calculation of Amount of Overissuance (Q3.05)	Calculation of Amount of Recoupment (Q3.07)	Deduction of Recoupment Amount From Issuance (Q3.07)	Generation of Demand Letters (Q3.07)	Maintenance of History of Case Actions (Q3.08)	Maintenance of History of Claim Payments — Recoupment (Q3.08)	Other Payments (Q3.08)	Maintenance of History of Claim Suspensions (Q3.08)
Alabama	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes
Alaska	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Arizona	Yes	No	Yes	Yes	No	Latest only	Yes	Yes	Yes
Arkansas	Yes	No	Yes	Yes	Yes[1]	Yes	Yes	Yes	Yes
Colorado	Yes	No	Yes	Yes	No	No	No	No	No
Connecticut	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No
Delaware	Yes	No	Yes	Yes	No	No	Yes	No	No
District of Columbia	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes
Florida	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No
Georgia	Yes	Yes[1]	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Guam	No								
Hawaii	Yes	No	No	Yes	No	No	Yes	Yes	No
Idaho	No[4]								
Illinois	Yes	No	No	No	No	Yes	Yes	Yes	Yes
Indiana	Yes	No	No	No	No	Latest only	No	No	No
Iowa	Yes	No	Yes	Yes	Yes	Latest only	Yes	Yes	Yes
Kansas	Yes	No	No	Yes	Yes	Latest only	Yes	Yes	Yes
Kentucky	Yes	No	No	Yes	No	No	No	Yes	Yes
Louisiana	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Maine	Yes	No	Yes	Yes	No	Yes	Yes	No	No
Maryland	Yes	No	No	No	No	No	Yes	No	No
Massachusetts	Yes	No	Yes	Yes	Yes[1]	No	Yes	Yes	Yes
Michigan	Yes[3]	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
Minnesota	Yes[3]	No	No	No	Yes	Yes	Yes	Yes	Yes
Mississippi	Yes	No	No	No	Yes	No	Yes	DK	Yes[2]
Missouri	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes
Montana	Yes	No	No	No	Yes	No	Yes	Yes	Yes
Nebraska	Yes[3]	No	No	Yes	No	No	Yes	Yes	Yes
Nevada	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
New Hampshire	Yes	No	No	No	No	No	Yes	No	No
New Jersey	No								

Jurisdiction	Claims Process Is Automated (Q3.09)	Functions Performed by the Automated Claims Collection Process							
		Calculation of Amount of Overissuance (Q3.05)	Calculation of Amount of Recoupment (Q3.07)	Deduction of Recoupment Amount From Issuance (Q3.07)	Generation of Demand Letters (Q3.07)	Maintenance of History of Case Actions (Q3.08)	Maintenance of History of Claim Payments: Recoupment (Q3.08)	Maintenance of History of Claim Payments: Other Payments (Q3.08)	Maintenance of History of Claim Suspensions (Q3.08)
New Mexico	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
New York	Yes[3]	No	Yes	Yes	No	Yes	Yes	Yes	No
North Carolina	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ohio	No								
Oklahoma	Yes	No	Yes	Yes	No	No	Yes	Yes	No
Oregon	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pennsylvania	Yes	No	No	No	Yes	Latest only	Yes	Yes	Yes
Rhode Island	Yes	No	Yes	Yes	No	Latest only	Yes	Yes	No
South Carolina	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
South Dakota	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes
Tennessee	No								
Texas	Yes	No	Yes	Yes	Yes[2]	Latest only[2]	Yes	Yes	Yes
Utah	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes
Vermont	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Virginia	Yes	No	No	No	No	Yes	Yes	Yes	Yes
Virgin Islands	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Washington	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
West Virginia	Yes	No	Yes	Yes	No	No	Yes	No	No
Wisconsin	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes
Wyoming	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes

DK = Information not available at time of interview.

[1] The response is positive for nonfraud overissuances and/or claims only.
[2] The response is positive for fraud (or suspected fraud) overissuances and/or claims only.
[3] The automated claims collection system does not cover the entire state.
[4] Although not automated at the time of the interview, some components of the claims collection process were included in the new computer system that was installed in November 1986.

TABLE A.4

THE USE OF SUMMARY AND STATUS REPORTS IN THE ADMINISTRATION OF THE CLAIMS COLLECTION PROCESS, BY STATE

Jurisdiction	Routine Summary Reports Are Prepared (Q2.00)	Routine Summary Reports Prepared by Stage of Process (Q2.01)	Frequency with Which Most of the Summary Reports are Prepared (Q2.01)	General Distribution of Summary Reports (Q2.01)	Routine Reports on the Status of Individual Cases Prepared (Q5.14)	Routine Reports on the Status of Individual Cases Prepared by State of Process (Q5.15)	General Distribution of Status Reports (Q5.15)	Production of at Least One Set of Status Reports Is Automated (Q5.15)
Alabama	Yes	R,E,C,D,S	M	AL,AS,CS	Yes	R,E,D	AL,AS,CL	Yes
Alaska	Yes	I,C,D,S	M	AS,CS	Yes	R^1,E,D^2	CS,FS	Yes
Arizona	Yes	R,I,E,C,S	M	AL,AS,CL,CS	Yes	R,E,D	AS,CS	Yes
Arkansas	Yes	R,I,E,C,D,S	M	AL,AS,CS,FS	Yes	R,E,D	CS,FS	Yes
Colorado	Yes	C	M	AS,CL	No			
Connecticut	Yes	R,E,C	M	AL,AS	Yes	E,D	AL,AS	No
Delaware	Yes	E,C	M	AS	No			
District of Columbia	Yes	R,I,E,C,D,S	M	AS,CS,FS	No			
Florida	Yes	R^1,I^1,E^1,C,D,S	M	AS,CD,FD	Yes	E,D	CD	Yes
Georgia	Yes	R,I,E,C	M	AL,AS	No			
Guam	Yes	R,I,E,C,D,S	Q	CS,FS	No			
Hawaii	Yes	I,E,C	M	AS,FS	Yes	R^1,E^1,D^1	FS	Yes
Idaho	No				No			
Illinois	Yes	R,I,E,C,D,S	M	CS,FS	No			
Indiana	Yes	R,I,E,C,D	M,Q	AS	Yes	D	AS	No
Iowa	Yes	E,C,D,S	M	AL,AS,CS	Yes	E,D	CS	Yes
Kansas	Yes	E,C,D,S	M	AD,AS	Yes	E,D	AL,AD,AS	Yes
Kentucky	Yes	R,I,E,C,D	M	AS,CS	Yes	R,E	CS	No
Louisiana	Yes	E,C,D,S	M	CS,FS	Yes	R,E D	CS,FS	Yes
Maine	No				No			
Maryland	No				No			No
Massachusetts	No				Yes	R,E	AL,AS,CS	Yes
Michigan	Yes	I,C O S	M	AL AS CL,CS FL FS	Yes	E D	AL AS,CL,CS FL,FS	Yes
Minnesota	Yes	E,D,S	M	AL,AS	Yes	E,D	AL	Yes
Mississippi	Yes	I,E C,D,S	M	AL AD AS,FS	No			
Missouri	Yes	R I,E C O S	M	AL,FD	Yes	R,E,D	AL,FD	Yes
Montana	Yes	E,C,D,S	M	AL CS	Yes	E D	AL	Yes
Nebraska	Yes	R I C D,S	M	AL AS	Yes	R,E,D	AL AS	Yes
Nevada	No				Yes	E	CL,CS	Yes
New Hampshire	Yes	R I,E,C,D	M	AS,CS FS	No			
New Jersey	Yes	C	M	AS CL	Yes	R,E,D	AS CL	Yes

TABLE A.4 (continued)

Jurisdiction (Q2.00)	Routine Summary Reports Are Prepared (Q2.00)	Routine Summary Reports Prepared by Stage of Process (Q2.01)	Frequency with Which Most of the Summary Reports are Prepared (Q2.01)	General Distribution of Summary Reports (Q2.01)	Routine Reports on the Status of Individual Cases Prepared (Q3.14)	Routine Reports on the Status of Individual Cases Prepared by State of Process (Q3.15)	General Distribution of Status Reports (Q3.15)	Production of at Least One Set of Status Reports is Automated (Q3.15)
New Mexico	Yes	R,E,C	M	AL,AS,CS	Yes	R,E	● AS,CL	Yes
New York	Yes	C,D,S	M	AL,AS,CL,CS,FL	No			
North Carolina	Yes	E,C,S	M	AL,AS	No			
Ohio	No				Yes	R,E,D	AS	Yes
Oklahoma	Yes	R,I,E,C,S	M	CS,FS	No			
Oregon	Yes	R,E,C,D,S	M	AL,AD,CS	Yes	R,E,D	AL,AD,AS,CS	Yes
Pennsylvania	Yes	R,C	M	CL,CS	No			
Rhode Island	Yes	R,I[1],E,C,D	M	CS	No			
South Carolina	Yes	R,I,E,C,D,S	M	AL,AS	Yes	R,E,D	AL,AS	DK
South Dakota	Yes	E,C,D,S	M	AL,AD,CD,CS	Yes	R,E	CD,CS	Yes
Tennessee	No				No			
Texas	Yes	R,I,E[1],C,D,S	M	AD,AS	Yes	E,D[1]	AS,CD,FS	Yes
Utah	Yes	R,I,E,C,D,S	M	CL,CS	Yes	R,E	CL,CS	Yes
Vermont	Yes	R,E,C,D,S	M	AL,AS	Yes	R,E,D	AL,AS	No
Virginia	Yes	E,C,S	M	AL	Yes	E	AL	Yes
Virgin Islands	No				Yes	E,D	CD	Yes
Washington	Yes	I,E,C,S	M	AS,CS,FS	No			
West Virginia	Yes	R,I,E,C,D	M	AD,CS	No			
Wisconsin	No				No			
Wyoming	Yes	E,C	I	AL	Yes	E,D	AL	Yes

KEY: Stage of Process
for Summary Reports: R = Referral
I = Investigation
E = Establishment
C = Collections
D = Delinquent Claims
S = Suspension/Termination

Frequency: M = At least monthly
Q = Quarterly
I = Irregular

Distribution: A = Agency
C = Claims/Collection Unit
F = Fraud/Investigation Unit

For each of the above,
code whether it is:
L = Local/County
D = District/Region
S = State

Stage of Process
for Status Reports: R = Referral
E = Establishment
D = Delinquent Claims

DK = Information not available
at time of interview.

[1] Fraud (or suspected fraud) cases only.
[2] Nonfraud cases only.

TABLE A.5

STAFF TRAINING, AVAILABILITY OF MANUALS, AND THE USE OF
TIME LIMITS IN THE CLAIMS COLLECTION PROCESS, BY STATE

Jurisdiction	Training in Claims Collection Process (Q2.02)	Extent of Training in Claims Processes and Procedures (Q2.03)	Emphasis of Training (Q2.04)	Written Manual on Claims Process Available to Staff (Q2.05)	Established Time Limits for Processing Claims (Q2.07)	Established Time Limits by Stage of Process (Q2.07)
Alabama	Yes	R,T	R	Yes	Yes	R^2,E
Alaska	No			Yes	No	
Arizona	No			No	Yes	R,I
Arkansas	Yes	N,R,T	D	Yes	Yes	R,I,E^2,C^1
Colorado	Yes	N,T	D,I	Yes	No	
Connecticut	Yes	N,R,T	D	Yes	No	
Delaware	Yes	N,T	D,R	Yes	No	
District of Columbia	Yes	N,R,T	D,C,R	Yes	No	
Florida	Yes	N,T	Varies[3]	Yes	Yes	R,I,E^2
Georgia	Yes	N,R,T	D	Yes	Yes	E
Guam	Yes	N,R,T	D	Yes	Yes	R
Hawaii	Yes	N,R,T	I,R	Yes	No	
Idaho	Yes	N,T	C	Yes	Yes	E,C
Illinois	Yes	N,R,T	D	Yes	Yes	R,I,E,C
Indiana	No			Yes	No	
Iowa	Yes	N,R,T	R	Yes	No	
Kansas	Yes	T	I	Yes	No	
Kentucky	Yes	N,T	P,D	Yes	Yes	R,I,E
Louisiana	Yes	N,T	R	Yes	Yes	R,E,C
Maine	Yes	N,R,T	D,C	Yes	No	
Maryland	Yes	N,R,T	R	Yes	Yes	I,E
Massachusetts	Yes	N,T	R	No	Yes	R,I^1,E^1,C
Michigan	Yes	N,R,T	D	Yes	No	
Minnesota	Yes	N,R,T	R	Yes	No	
Mississippi	Yes	N,R,T	R	Yes	No	
Missouri	Yes	N,T	D	Yes	Yes	R,I,E,C
Montana	No			Yes	No	
Nebraska	No			Yes	No	
Nevada	Yes	N,R,T	D	Yes	Yes	R,I,E
New Hampshire	Yes	N,R,T	I,R	Yes	No	
New Jersey	Yes	N,R,T	R	Yes	No	

Jurisdiction	Training in Claims Collection Process (Q2.02)	Extent of Training in Claims Processes and Procedures (Q2.03)	Emphasis of Training (Q2.04)	Written Manual on Claims Process Available to Staff (Q2.05)	Established Time Limits for Processing Claims (Q2.07)	Established Time Limits by Stage of Process (Q2.07)
New Mexico	Yes	N,T	D,I	Yes	No	
New York	Yes	N,T	D,R	Yes	No	
North Carolina	Yes	N,R,T	D,C	Yes	No	
Ohio	Yes	N,R,T	Varies[3]	Yes	No	
Oklahoma	Yes	N,R,T	P,D	Yes	No	
Oregon	Yes	N,T	D,I,C	Yes	Yes	R,I,C
Pennsylvania	Yes	N,T	I,R	Yes	No	
Rhode Island	Yes	N,T	D,R	Yes	No	
South Carolina	Yes	N,R,T	Varies[3]	Yes	Yes	R,I,E,C
South Dakota	Yes	N,R,T	I,C	Yes	Yes	R,E,C
Tennessee	Yes	N,R,T	D	Yes	Yes	I,E,C
Texas	Yes	N,T	Varies[3]	Yes	Yes	E[1]
Utah	Yes	N,R,T	C,R	No	No	
Vermont	Yes	N,R,T	D,R	Yes	Yes	I,E
Virginia	Yes	N,T	Varies[3]	Yes	No	
Virgin Islands	Yes	N,R,T	C,R	No	No	
Washington	Yes	N,R,T	D,R	Yes	Yes	E,C
West Virginia	Yes	N,R,T	R	Yes	No	
Wisconsin	No			Yes	No	
Wyoming	Yes	N,T	P,C	Yes	Yes	I,E

KEY: Extent of Training: N - Training for new hires
R - Refresher training
T - Retraining (as needed)

Emphasis of Training: P - Prevention of overissuances
D - Detection of overissuances
I - Investigation methods
C - Collection methods
R - Regulations and procedures

Stage of Process: R - Referral
I - Investigation
E - Establishment
C - Collections

[1]Fraud (or suspected fraud) cases only.
[2]Nonfraud cases only.
[3]The emphasis of the training varies across the state and/or across units.

TABLE A.6

THE CHARACTERISTICS OF THE TRACKING SYSTEM USED TO MONITOR INDIVIDUAL CASES IN THE CLAIMS COLLECTION PROCESS, BY STATE

Jurisdiction	Established Tracking System (Q3.09)	Tracking System Includes the Monitoring of (Q3.10):								Tracking System Is Automated
		Computer Match Hits	Other Apparent Overissuances	Referrals	Investigations	Established Claims	Claim Collections	Suspended Claims	Disqualified Individuals	
Alabama	Yes	No	No	Yes	No	Yes	Yes	Yes	No	Yes
Alaska	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes
Arizona	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Arkansas	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Colorado	Yes	No	No	No	No	Yes	Yes	No	Yes	Yes
Connecticut	Yes	Yes	Yes	Yes	Yes[1]	Yes[1]	Yes	No	Yes	Partial
Delaware	Yes	No	Yes	No	Yes[1]	Yes	Yes	Yes	Yes	Partial
District of Columbia	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Partial
Florida	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Georgia	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes
Guam	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No
Hawaii	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Partial
Idaho	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Illinois	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Indiana	Yes	Yes	No	Yes[1]	Yes[1]	Yes[1]	Yes	No	Yes	No
Iowa	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Partial
Kansas	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Partial
Louisiana	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes
Maine	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Partial
Maryland	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Massachusetts	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes
Michigan	Yes	No	No	Yes	Yes	Yes	Yes	Yes[1]	No	Partial
Minnesota	Yes	No	No	No	No	Yes	Yes	Yes	No	Yes
Mississippi	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Missouri	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Partial
Nebraska	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes
Nevada	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes
New Hampshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
New Jersey	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

TABLE A.6 (continued)

Jurisdiction	Established Tracking System (Q3.09)	Tracking System Includes the Monitoring of (Q3.10):								Tracking System Is Automated
		Computer Match Hits	Other Apparent Overissuances	Referrals	Investigations	Established Claims	Claim Collections	Suspended Claims	Disqualified Individuals	
New Mexico	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes
New York	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Partial
North Carolina	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes
Ohio	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No
Oklahoma	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Partial
Oregon	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pennsylvania	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Rhode Island	Yes	Yes	No	Yes	Yes[1]	Yes	Yes	Yes	Yes	Partial
South Carolina	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes
South Dakota	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Partial
Tennessee	No									
Texas	Yes	No	No	No	Yes[1]	Yes	Yes	Yes	Yes	Yes
Utah	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Partial
Vermont	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Partial
Virginia	Yes	No	No	No	Yes[1]	No	Yes	Yes	Yes	Partial
Virgin Islands	Yes	No	No	No	No	Yes	Yes	No	No	Yes
Washington	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Partial
West Virginia	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Partial
Wisconsin	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Partial
Wyoming	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Partial

[1] The response is positive for fraud (or suspected fraud) overissuances and/or claims only.

TABLE A.7

THE CHARACTERISTICS OF ADDITIONAL METHODS USED IN MONITORING INDIVIDUAL CASES IN THE CLAIMS COLLECTION PROCESS, BY STATE

Jurisdiction	System for Signalling Staff That a Case Needs Further Attention Is Used (Q3.11)	System of Flags Used by Status of Claim (Q3.12)	System of Flags Is Automated (Q3.12)	Flags Are Permanently Attached to Case File (Q3.12)	Functional Level of Staff to be Alerted By Flags (Q3.12)	System for Aging Claims (Q3.16)	System for Aging by Status of Claim (Q3.17)	System for Aging Is Automated (Q3.18)
Alabama	Yes	R,A,D,S	Yes	Yes	AL	No		
Alaska	Yes	A,D,S	Yes	Yes	AL,CS	No		
Arizona	No					Yes	D	Yes
Arkansas	Yes	R	No	Yes	AL	Yes	O,R,I,D,S	Yes
Colorado	Yes	A,D	No	Yes	AL	Yes	S	No
Connecticut	No					Yes	D,S	Partial
Delaware	Yes	R,A,D	Yes	Yes	AL,CS	No		
District of Columbia	No					Yes	I,D,S[2]	No
Florida	Yes	R,A	No	Yes	AL	Yes	R,I,D	Yes
Georgia	Yes	A,D,S	Yes	Yes	AL	Yes	R,D,S	Yes
Guam	Yes	R[1],A	No	Yes	CS	No		
Hawaii	Yes	A,D	Yes	Yes	AL,FS	No		
Idaho	Yes	R,A,D	Partial	Some	AL	No		
Illinois	No					No		
Indiana	Yes	A,D	No	Yes	AL	No		
Iowa	No					No		
Kansas	No					Yes	D,S	Yes
Kentucky	Yes	R,A,D,S	Partial	Yes	AL,CL	No		
Louisiana	Yes	R,A,D,S	Yes	Yes	CS,FS	Yes	D,S	Partial
Maine	Yes	R[1]	Yes	Yes	AL,CS,FS	No		
Maryland	No					Yes	S	No
Massachusetts	Yes	A,S	Yes	Yes	AL	Yes	O,R,I,D,S	Partial
Michigan	No					No		
Minnesota	Yes	Varies[3]				No		
Mississippi	Yes	R,A,D	OK	No	AL	No		
Missouri	Yes	R,A,D,S	Yes	Yes	AL,FD	Yes	O,R,I,D,S	Yes
Montana	Yes	R,A,S	No	Yes	AL	No		
Nebraska	No					Yes	D,S	Partial
Nevada	Yes	A,D,S	Yes	Yes	AL,CL	No		
New Hampshire	Yes	R,A	No	Yes	AL,CS	No		
New Jersey	Yes	R,A,D,S	No	Yes	CL,FL	No		

TABLE A.7 (continued)

Jurisdiction	System for Signalling Staff That a Case Needs Further Attention Is Used (Q5.11)	System of Flags Used by Status of Claim (Q5.12)	System of Flags Is Automated (Q5.12)	Flags Are Permanently Attached to Case File (Q5.12)	Functional Level of Staff to be Alerted By Flags (Q5.12)	System for Aging Claims (Q5.16)	System for Aging by Status of Claim (Q5.17)	System for Aging Is Automated (Q5.18)
New Mexico	No					No		
New York	No					Yes	D,S	No
North Carolina	Yes	A,D	Yes	No	AL,AS	No		
Ohio	Yes	R,A	No	Yes	AL,CL	Yes	O,R,S	No
Oklahoma	Yes	R,S	No	Yes	AL	No		
Oregon	Yes	R,A,D,S	Yes	Yes	AL,AD,AS,CS	Yes	D,S	Yes
Pennsylvania	No					Yes	R,I,D,S	Yes
Rhode Island	Yes	A,S	No	Yes	AL,CS,FS	Yes	D,S	Partial
South Carolina	Yes	R,A,S	No	Yes	AL	Yes	O,R,I,D,S	Yes
South Dakota	Yes	R,A,D	Yes	Yes	AL,CO	Yes	R,D,S	Yes
Tennessee	No					No		
Texas	Yes	R¹,A,D	Partial	No	AL,FS	Yes	R¹,I¹,D¹	Yes
Utah	Yes	R¹	Yes	No	CL	No		
Vermont	Yes	R,A,D,S	Yes	Yes	AL,AS	No		
Virginia	Yes	R,S	Partial	Yes	AL,CL,FL	No		
Virgin Islands	Yes	R,²A	No	No	AL	No		
Washington	Yes	R,A	Partial	Yes	AL,CS	No		
West Virginia	Yes	R,A,D,S	No	Yes	AL	No		
Wisconsin	Yes	R,D,S	Partial	No	AL	No		
Wyoming	Yes	A,D,S	No	No	AL	No		

KEY: Status of Claim for Flags:
R = Referral
A = Active Claim
D = Delinquent Claim
S = Suspended Claim

Functional Level: A = Agency
C = Claims Unit
F = Fraud/Investigations Unit

Status of Claim for Aging: O = Apparent Overissuance
R = Referral
I = Investigation
D = Delinquent Claim
S = Suspended Claim

For each of the above, code whether it is:
L = Local/County
D = District/Region
S = State

¹The response refers to cases of fraud (or suspected fraud) only.
²The response refers to cases of nonfraud only.
³The system of flags used varies across the state.

A-15

TABLE A.8

RANKING OF THE MOST EFFECTIVE METHODS USED IN THE DETECTION OF OVERRISSUANCES BY STATE

Jurisdiction	Computer Matching			Duplicate Participation Check	Error Prone Profiles	Hotline/ Informal Complaints	Internal Audit	QC Review	Recertification Review	Special Investigation Units	Information from Other Agencies	Information from Recipient	Other
	Wages	Unearned Income	Resources										
Alabama	1	1				7	8	6	3	9	5	4	
Alaska	4	5		6	7	8		3	2	1	10	9	
Arizona	2			7		8	4	5	1	6	9	3	
Arkansas	2				X	3	X	X	1	X	X	X	
Colorado	2	3		10		8	7	4	1	5	9	6	
Connecticut	1		X	X	X	3	X	X	2	X	X		
Delaware	X	X				X	X	X	X	X	X	X	
District of Columbia	1	3	12	10	5	11	8	7	2	4	9	6	
Florida	1	2		10		7	9	5	3	4	8	6	
Georgia	1	3		8		5	10	4	7	2	9	6	
Guam				5	X			2	1	3	6	4	
Hawaii	9		8	2		5		1	3	6	7	4	
Idaho	3			X	X	4		5	2		X	1	
Illinois	2	3		X		X	X	4	1	X	X	5	6[1]
Indiana	1					4		2		7	5	3	6[2]
Iowa	1			7		2	8	3	6	5	9	4	
Kansas	1	5	X	X	X	2	X	4	X	X	X	3	
Kentucky	1	8		9		11	4	3	2	7	10	5	6[3]
Louisiana	1	3		X		4	X	X	2	X	X	X	
Maine	3	5	6			2	8	9	4		7	1	
Maryland	5			8		7	10	1	4	2	3	6	
Massachusetts	6	6	6	1	4	12	3	9	5	2	10	11	
Michigan	5	7		10		3	4	6	1	8	9	2	
Minnesota	3	4		9	6	11	7	2	1	10	8	5	
Mississippi	2	6		7		4	8	5	1		9	3	
Missouri	4	7	9	5			6	8	3		10	2	1[4]
Montana	1	2		10	7	6	11	3	4	5	9	8	
Nebraska		5		7		4	8	2	1	9	5	6	
Nevada	1			9		7	4	6	3	2	8	5	
New Hampshire	1					6		3	2	4		5	
New Jersey	1	3		10		7	5	9	2	6	8	4	

Jurisdiction	Computer Matching Wages	Computer Matching Unearned Income	Computer Matching Resources	Duplicate Participation Check	Error Prone Profiles	Hotline/ Informal Complaints	Internal Audit	QC Review	Recertification Review	Special Investigation Units	Information from Other Agencies	Information from Recipient	Other
New Mexico	1	8	10	7	6	12	4	2	11	5	3	9[3]	
New York	4	X	X	2	7	6	5	8	1	3	9	10	
North Carolina	5		1	X		1		X	X	X	1	1	
Ohio	2			4		7		6	1	5		3	
Oklahoma	3	7		4	1	11	6	2	8	5	9	10	
Oregon	1	2		9		6	10	7	5	4	3	8	
Pennsylvania	3			X	X	X	2	1	X		X	X	
Rhode Island	3	4		6		9	11	7	1	10	1	8	5[5]
South Carolina	1			X		X	X	X	2	X	X	3	
South Dakota	1	3		9	10	8	7	5	6	11	4	2	
Tennessee	1	X		X	X	X	X	2	3	X	X	X	
Texas	1	9		4		6	8	5	2		7	3	
Utah	3			8	4	1	6	10	7	2	9	5	
Vermont	X	X	X			X	2	3	1		X	4	
Virginia	7			4		11	10	1	6	8	9	5	2[2],3[3]
Virgin Islands				5	3			2	1			4	
Washington	1	3		8		7	2	5	6	9	4	10	
West Virginia	1	1	1	10	8	7		5	1	9		6	
Wisconsin		2		X		X	X	1	X	3	X	X	
Wyoming	1	3				6	7	4			5	2	

NOTE: This table is based upon Q4.00.

KEY: 1-10 = Rank order of effectiveness
X = Method is used, but was not ranked

[1] Computer match with credit bureau files.
[2] Special case reviews.
[3] Supervisory review.
[4] Day to day activities of the caseworker.
[5] Manual bank match.

TABLE A.9

THE ORGANIZATION AND STRUCTURE OF THE INVESTIGATION STAGE OF THE CLAIMS COLLECTION PROCESS, BY STATE

Jurisdiction	Functional Level of Staff Responsible for Investigations (05.05)		Time Period Over Which Overissuance Is Calculated (Years) (05.09)		Investigation Includes Search for Additional Errors and/or Program Violations (05.10)		Referral for Fraud Investigation Made Prior to Any Investigation (05.01)	Relative Emphasis on Fraud and Nonfraud Cases in Investigation and Establishment Efforts (05.03)
	Suspected Fraud	Nonfraud	Suspected Fraud	Nonfraud	Suspected Fraud	Nonfraud		
Alabama	AL	AL	6	6	Yes	Yes	No	Fraud
Alaska	FS	AL	6	1	Yes	No	Yes	No difference
Arizona	FS	AL	DK	DK	Yes	Yes	No	Fraud
Arkansas	AL	AL	3,5[2]	3	Yes	No	No	Fraud
Colorado	FL	AL	6	6	Yes	Yes	Yes	Fraud
Connecticut	FS	CL,CS	Varies[3]	Varies[3]	No	No	No	Fraud
Delaware	FS	AL	3	1	Yes	Yes	No	No difference
District of Columbia	FS	CS	3	3	Yes	Yes	No	No difference
Florida	PD	CD	6	1,2,5[4]	Yes	Yes	Yes	Fraud
Georgia	AL,FS	AL	6	1	Yes	Yes	No	Fraud
Guam	CS,FS	CS,FS	6	1	Yes	Yes	Yes	Fraud
Hawaii	AL,FS	AL	6	6	No	No	No	Fraud
Idaho	AL,FS	AL	6	1	Yes	Yes	Yes	No difference
Illinois	AL,CS,FS	AL,FS	Varies[3]	6	No	No	No	No difference
Indiana	AL	AL	6	6	Yes	Yes	No	No difference
Iowa	FS	AL	Varies[3]	Varies[3]	No	No	No	Fraud
Kansas	AL,FD	AL	3	3	Yes	Yes	No	No difference
Kentucky	AL,CL,FS	AL,CL	6	2	Yes	No	No	No difference
Louisiana	FD	AL	6	6	Yes	Yes	No	No difference
Maine	AL,FS	AL	Varies[3]	1	Yes	Yes	Yes	Nonfraud
Maryland	AL,FS	AL,FS	6	1	Yes	Yes	No	No difference
Massachusetts	CS,FS	AL	6	1	No	No	Yes	No difference
Michigan	AL,FL,FS	AL,CL	6	1	No	No	Yes	No difference
Minnesota	AL,FL	AL	6	1	Yes	Yes	Yes	No difference
Mississippi	AL,CS	AL,CS	6	6	Yes	Yes	Yes	Fraud
Missouri	FD	FD	3,7[2]	Open[3]	Yes	Yes	Yes	No difference
Montana	AL	AL	6	6	Yes	Yes	No	Nonfraud
Nebraska	FS	AL	6	1	Yes	Yes	Yes	Nonfraud
Nevada	CL,FL	CL	6	6	Yes	Yes	No	Fraud
New Hampshire	FS	CS	6	1	Yes	No	Yes	No difference
New Jersey	FL	CL	6	6	Yes	Yes	No	Nonfraud

TABLE A.9 (continued)

Jurisdiction	Functional Level of Staff Responsible for Investigations (Q5.05)		Time Period Over Which Overissuance Is Calculated (Years) (Q5.09)		Investigation Includes Search for Additional Errors and/or Program Violations (Q5.10)		Referral for Fraud Investigation Made Prior to Any Investigation (Q5.01)	Relative Emphasis on Fraud and Nonfraud Cases in Investigation and Establishment Efforts (Q5.05)
	Suspected Fraud	Nonfraud	Suspected Fraud	Nonfraud	Suspected Fraud	Nonfraud		
New Mexico	AL	AL	6	6	Yes	Yes	Yes	No difference
New York	AL,FL	AL,FL	6	1	Yes	Yes	No	No difference
North Carolina	AL,FL	AL,CL	6	1	Yes	Yes	Yes	No difference
Ohio	CL	AL	6	1	Yes	No	No	Fraud
Oklahoma	AL,FS	AL	Varies³	1	Yes	Yes	No	No difference
Oregon	CD,CS	AL,CS	6	6	Yes	Yes	Yes	Fraud
Pennsylvania	CL	CL	DK	DK	Yes	No	No	Fraud
Rhode Island	AL,CS, FS,LS	AL,CS	6	1	Yes	Yes	Yes	No difference
South Carolina	CL	CL	6	1,6⁴	Yes	Yes	No	No difference
South Dakota	AL,CL	AL	6	1	Yes	Yes	Yes	No difference
Tennessee	FL	AL	6	1	Yes	No	Yes	No difference
Texas	FL	AL	6	6	Yes	Yes	No	Fraud
Utah	AL,CL	AL	6	6	Yes	Yes	No	No difference
Vermont	FS	AL	3	1	Yes	Yes	Yes	No difference
Virginia	CL,FL	AL	6	1	Yes	Yes	No	Fraud
Virgin Islands	FS,LS	CD	Varies³	Varies³	No	No	Yes	Fraud
Washington	FS	CL	6	2	No	No	Yes	No difference
West Virginia	CS,FS	CS	Varies³	Varies³	Yes	Yes	Yes	Fraud
Wisconsin	FL¹,LL	AL	1	1	Yes	Yes	No	No difference
Wyoming	AL	AL	6	6	Yes	Yes	No	No difference

KEY: Functional Level: A = Agency
C = Claims/Collections Unit
F = Fraud/Investigation Unit
L = Legal Authority

For each of the above,
code whether it is:
L = Local/County
D = District/Region
S = State

[1] This refers to a fraud investigator within the office rather than a specialized fraud unit.

[2] The first figure refers to suspected fraud pursued through criminal proceedings, the second to suspected fraud pursued through administrative disqualification hearings.

[3] The overissuance amount is calculated over the full period of the error even if the time period is greater than six years.

[4] The first figure refers to overissuances due to agency error, the second to overissuances due to household error.

[5] No established guidelines.

A-19

CHARACTERISTICS OF THE INVESTIGATION STAGE OF THE CLAIMS COLLECTION PROCESS, BY STATE

Jurisdiction	Methods Used in the Investigation of the Claim and An Estimation of Their Frequency of Use				Existence of System for Prioritizing Cases		Characteristics of Case Which Increase Likelihood of Investigation	
	Suspected Fraud (Q5.18)		Nonfraud (Q5.11)					
	Always Used	Not Always Used	Always Used	Not Always Used	Suspected Fraud (Q5.19)	Nonfraud (Q5.12)	Suspected Fraud (Q5.20)	Nonfraud (Q5.13)
Alabama	C,I,T	H	C,I,T	H	No	No		
Alaska	C,H,T	I,F	C	I,H,T	Yes	No	H,P,N,D,Q,R	
Arizona	C,T	I,F	C	I,H,T	Yes	No	N,D,Q,R	
Arkansas	C	I,H,T,F	C	I,H,T,O^2	Yes	No	D,Q,R	
Colorado	C,T	I,H,F	C	I,H,T	Yes	Yes	N,A,D,Q,R	E,N,A,D
Connecticut	C,T		C	I,H,T	No	No		
Delaware	C	I,H,T	C	I,H,T	Yes	Yes	D,Q,R	D
District of Columbia	C	I,H,T,F	C,I	H,T	Yes	Yes	P,N,D,Q,R	N
Florida	C,T	H,F	C	T	Yes	Yes	H,D,Q,R	E,N,A,D
Georgia	C,I	H,T,F	C	I,T	Yes	No	A,D,Q,R	
Guam	C,O^1	I,H,T,F	C,O^1	I,H,T	No	No		
Hawaii	C,I,T	H,F	C	I,H,T	Yes	No	A,D,Q,R	
Idaho	C	I,H,T,F	C	I,H,T	No	Yes		E,N,A,D
Illinois	C	I,H,T	C	I,H,T	Yes	No	H,P,N,A,D,Q,R	
Indiana	C,T	I,F,O^2	C,T	I	No	No		
Iowa	C,T	I,H,F	C	I,H,T	No	No		
Kansas	C,T	I,H,F	C	T	Yes	No	N,D,Q,R	
Kentucky	C,I,T		C,I	T	No	No		
Louisiana	C,I	H,T,F	C	I,T	No	No		
Maine	C	I,H,T	C	I,H,T	No	No		
Maryland	C,T	I,H	C,T		Yes	Yes	N,D,Q,R	N,A,D
Massachusetts	C	T	C		Yes	No	D,Q,R	
Michigan	C	I,H,T,F	C	I,T	Yes	No	D,Q,R	
Minnesota	C,T	I,H,F	C,I	H,T	Yes	Yes	N,A,D,Q,R	N,A,D
Mississippi	C	I,H,T,F	C	I,H,T,O^2	No	No		
Missouri	C,T	I,H,F	C,T	I	Yes	Yes	N,D,Q	D
Montana	C,T	I,H,F	C	I,H,T	Yes	Yes	P,A,D,Q,R	H,P,N,A,D
Nebraska	C	I,H,T	C	I,H,T	Yes	No	N,D,Q,R	
Nevada	C,T	I,H,F	C,T	I,H	Yes	Yes	N,A,D,Q,R	N,A,D
New Hampshire	C,T	I,H,F	C		Yes	No	P,N,A,D,Q,R	
New Jersey	C,I	H,T,F	C	I,H,T	Yes	Yes	N,A,D,Q,R	E,N,A,D

Jurisdiction	Methods Used in the Investigation of the Claim and An Estimation of Their Frequency of Use				Existence of System for Prioritizing Cases		Characteristics of Case Which Increase Likelihood of Investigation	
	Suspected Fraud (Q5.18)		Nonfraud (Q5.11)					
	Always Used	Not Always Used	Always Used	Not Always Used	Suspected Fraud (Q5.19)	Nonfraud (Q5.12)	Suspected Fraud (Q5.20)	Nonfraud (Q5.13)
New Mexico	C,I	H,T,F	C,I	H,T	No	No		
New York	C,T	I,H,F	C,I	H,T	No	No		
North Carolina	C	I,H,T,F	C	I,H,T	Yes	Yes	D	D
Ohio	C,I,F	T		C,I	Yes	Yes	P,N,A,D,Q,R	P,N,A,D [3]
Oklahoma	C,T	I,H	C,T	I,H	Yes	Yes	H,N,A,D,Q,R	E,N,A,D,O
Oregon	C	I,H,T,F	C	T	Yes	No	P,N,A,D,Q,R	
Pennsylvania	C	T,F	C	I,T	Yes	No	Q,R	
Rhode Island	C	I,P,H,T,F	C	I,H,T,P	No	No		
South Carolina	C	I,H,T	C	I,H,T	No	Yes		H
South Dakota	C,I,T	H	C,P	I	No	No		
Tennessee	C,I,H,T	C			No	No		
Texas	C,I	H,T,F	C	I,H,T	Yes	No	H,D,Q,R	
Utah	C	I,H,T,F	C	I,H,T	No	No		
Vermont	C,H,T	I,F [4]	C	I,H,T	No	No		
Virginia	C,T	I,H,F,O	C	I,H,T	Yes	Yes	P,D,Q,R	P,A,D
Virgin Islands	C,I,H,T	F	C,I,T	H	No	Yes		D
Washington	C	I,H,T,F	C	I,T	Yes	Yes	N,D,Q,R	A,D,O [5]
West Virginia	C,I,T	F	C	I,T,O [7]	Yes	Yes	D,Q,R	E,A,D
Wisconsin	C	I,H,T	C	I,H,T	No	No		
Wyoming	C	I,H,T,F,O [6]	C	I	Yes	No	D,Q,R	

KEY: Methods:
C = Case file review
I = In-office interview
P = Telephone interview
H = Home visit
T = Third-party contacts
F = Forensic investigations
O = Other

Characteristics of Case:
H = Age/health/employment status of client
P = PA household
E = Household error
N = Recent error/claim
A = Active case
D = Dollar amount
Q = Quality of evidence
R = Repeat offender/flagrant violation
O = Other

[1] Record check in another program's case records.
[2] Computer match.
[3] Error due to unreported income.
[4] Referral to prosecutor for more thorough investigation.
[5] Costs of follow-up.
[6] Mental evaluation of client.
[7] Duplicate participation check.

TABLE A.11

THE CHARACTERISTICS OF THE ESTABLISHMENT STAGE OF THE CLAIMS COLLECTION PROCESS BY STATE

Jurisdiction	Ranking of Methods Used in the Establishment of Fraud Claims (Q6.00)				Factors Entering into the Decision to Refer a Case for Prosecution (Q6.03)	Use of Management Review of Decision To Establish the Claim (Q6.05)		Functional Level of Staff Responsible for Notifying Household of the Claim (Q6.08)		
	Criminal Prosecution	Disqualification Consent Agreement	Administrative Disqualification Hearing	Waiver of Hearing		Fraud	Nonfraud	Fraud Court-Established	Other	Nonfraud
Alabama	2	3	1	4	D,R,F	Yes	Yes	LS	AL	AL
Alaska	3	1	4	2	D,F	Yes	Yes	FS	FS	CS
Arizona	4	2	3	1	D	Yes	Yes	LS	CS	CS
Arkansas	3	4	1	2	D,R,F	No	Yes	LS	CS	CS
Colorado	2	3	1		D,F	Yes	Yes	CL,LL	CL	CL
Connecticut	1	3	2	4	D,F,S,H	Yes	Yes	LS	FS	AL
Delaware	X	X[1]	X	X[1]	D,R,F	DK	DK	CS,LS	CS,LS	CS
District of Columbia	1	4	2	3	D,R,F	Yes	No	LS	CS	CS
Florida	1	4	2	3	D,R,F	Yes	Yes	CD,LD	CD	CD
Georgia	2	1	3	4	D,R,F,	No	No	LS	FS	Automated
Guam	3	4	1	2	D,M	No	No	FS	FS	FS
Hawaii	3	4	2	1	D,R,F	No	No	FS	AL	AL
Idaho	3	1	2		D,R,F	Yes	Yes	FD	FD	AL
Illinois	3	1[1]	2	1[1]	D,R,F	Yes	Yes	CS	CS	CS
Indiana	2		1		D,R,F	Yes	Yes	AL	AL	AL
Iowa	1		2		D,R,F,S	Yes	No	CS	CS	CS
Kansas	3	4	1	2	D,R,F,M	Yes	Yes	LL	AL	AL
Kentucky	3	4	2	1	D	Yes	Yes	LL	AL[6],CL[6],CS[5]	AL[6],CL[6],CS[5]
Louisiana	3	4	2	1	D,R,F	Yes	Yes	LS	FS	CS
Maine	4	2	1	3	D,R,F	Yes	Yes	LL	AL	AL
Maryland	1	2	4	3	D,R,F	No	No	AL	AL	AL
Massachusetts	2	4	1	3	D,R	Yes	Yes	LS	CS	CS
Michigan	4	3	2	1	D,R,F	No	No	AL	AL	AL
Minnesota	X				D,R,F	Yes	Yes	AL,CL	N.A.	AL,CL
Mississippi	2	4	1	2	D	Yes	Yes	CS	CS	CS
Missouri	2	1[1]	3	1[1]	D,R,F,O[2]	No	No	Automated	Automated	Automated
Montana	2		1	3	D,R,F	Yes	No	LL	AL	AL
Nebraska	3	1[1]	2	1[1]	D,R,F	Yes	Yes	AS	AS	AL
Nevada	4	3	1	2	D,R,F	Yes	Yes	LL	CL	CL
New Hampshire	1		3	2	D,R,F	No	Yes	FS	CS	CS
New Jersey	1	4	3	2	D,R,F	Yes	Yes	CL,LL	CL	CL

TABLE A.11 (continued)

Jurisdiction	Ranking of Methods Used in the Establishment of Fraud Claims (Q6.00)				Factors Entering Into the Decision to Refer a Case for Prosecution (Q6.03)	Use of Management Review of Decision To Establish the Claim (Q6.05)		Functional Level of Staff Responsible for Notifying Household of the Claim (Q6.08)		
	Criminal Prosecution	Disqualification Consent Agreement	Administrative Disqualification Hearing	Waiver of Hearing		Fraud	Nonfraud	Fraud Court-Established	Other	Nonfraud
New Mexico	4	3	1	2	D,R,F	Yes	Yes	CS	CS	CS
New York	1	4	2	3	O[5]	Yes	Yes	AL,CL,FL	AL,CL,FL	AL,CL,FL
North Carolina	X	2	1	X	D	No	No	LL	AL	Automated
Ohio	1	3	4	2	D,R,F	No	No	CL	CL	CL
Oklahoma	3		1	2	D,R,F,O[2]	Yes	No	FS	CS	CS
Oregon	2	1[1]	3	1[1]	D,R,F	Yes	Yes	CS	CS	Automated
Pennsylvania	X	X			D,R	Yes	Yes	CS	CS	CS
Rhode Island	4	3	1	2	D,R,F	No	No	LS	CS	CS
South Carolina	4	2	3	1	D,R,F	Yes	Yes	LL	CL	CL
South Dakota	3	4	2	1	D,R,F	Yes	Yes	LS	OS[7]	CD
Tennessee	3	1[1]	2	1[1]	D,R,F	Yes	Yes	AL	AL	AL
Texas	1		2	3	D,R,H	Yes	Yes	LL	FL	AL
Utah	4	2	3	1	D,R,F	Yes	Yes	CL	CL	CL
Vermont	1	2	4	3	D,R,F	Yes	Yes	LS	FS	AL
Virginia	1	2			D,R,F	Yes	Yes	CL,FL	N.A.	AL
Virgin Islands	4	3	1	2	D,R,F	No	No	LL	CD	CD
Washington	2	3[1]	1	3[1]	D,R	No	No	AL	AL	AL
West Virginia	3	1[1]	2	1[1]	D	Yes	Yes	LS	CS	CS
Wisconsin	X				D	No	No	LL	N.A.	AL
Wyoming	3	2	1		D,F,S	Yes	Yes	LL	CD	AL

KEY: Ranking: 1-4 = Ranking of methods by frequency of use
X = Method used, but not Ranked or only method that was used

Factors Entering Decision: D = Dollar Amount
R = Repeat Offender
F = Flagrant Violation
S = Strength of Evidence
H = Age/Health of Client
M = Fraud in Multiple Programs
O = Other

Functional Level: A = Agency
C = Claims/Collections Unit
F = Fraud/Investigation Unit
L = Legal Authority
O = Other

For each of the above, code whether it is
L = Local/County
D = District/Region
S = State

N.A. = Not applicable.

[1] The Disqualification Consent Agreement and Waiver of Hearing are a single process in this state.
[2] Prosecutor's interest, time, and/or available funds for pursuing Food Stamp fraud.
[3] All cases are referred for prosecution.
[4] This refers to a claims consultant in the local office rather than a specialized claims unit.
[5] Inactive cases only.
[6] Active cases only.
[7] State Administrative Disqualification Hearing Unit.

A-23

TABLE A.12

CHARACTERISTICS OF THE PROCESS BY WHICH ARRANGEMENTS ARE MADE
WITH THE HOUSEHOLD FOR THE PAYMENT OF THE CLAIM, BY STATE

Jurisdiction	Functional Level of Staff Responsible for Arranging for Payment of the Claim (Q7.00) Fraud Court-Established	Other	Nonfraud	Frequency with Which Follow-up Demand Letters are Mailed (Days) (Q7.03)	Minimum Number of Demand Letters To be Mailed (Q7.05)	Methods (Other than Demand Letters) Used to Notify Household of a Claim (Q8.00)
Alabama	LL	AL	AL	No schedule	Varies[4]	L
Alaska	FS	FS	CS	30[2]	4[2]	B
Arizona	CS	CS	CS	30	3	B,P
Arkansas	LS	CS	CS	30[3]	9	B
Colorado	AL,LL	CL	CL	30	3	B,P
Connecticut	LS	CS	CL[1],CS	30	3	I
Delaware	CS,LS	CS	CS	30	3	L
District of Columbia	LS	CS	CS	30[9]	3[2]	L,P
Florida	CD,LD	CD	CD	30	3	B
Georgia	LS[1]	FS	AL	Varies[4]	16[5]	P
Guam	FS	FS	FS	No schedule	1/Varies[4]/3[8]	P,H
Hawaii	FS	AL	AL	30	No standard	B
Idaho	CD,FD	CD,FD	AL	30	3	B,P
Illinois	AL,CS	AL,CS	AL,CS	No schedule	3	B
Indiana	LL	AL	AL	30	No standard	None
Iowa	CS	CS	CS	30	4	B
Kansas	FD,LD	AL	AL	90	5	None
Kentucky	LS	AL,CL,CS	AL,CL,CS	10	3	P
Louisiana	LS	FS	CS	30	3	B,P
Maine	LS	LS	AL	No schedule	1	None
Maryland	AL	AL	AL	30	3	L
Massachusetts	LS	FS,LS	CS	30	4/3[6]	None
Michigan	AL	AL	AL	30	3	None
Minnesota	CL	N.A.	CL	30	No standard	B
Mississippi	AL	AS	AL	30	3	None
Missouri	FD	FD	AL	30	5	B
Montana	LL	AL	AL	30	3	None
Nebraska	AS	AS	AL	30	3/2[6]	None
Nevada	LL	CL	CL	30	No standard	P
New Hampshire	FS	CS	CS	No schedule	No standard	P
New Jersey	AL,LL	AL	AL	30	1/1/3[8]	L,P

A-25

Jurisdiction	Functional Level of Staff Responsible for Arranging for Payment of the Claim (Q7.00) Fraud Court-Established	Other	Nontraud	Frequency with Which Follow-up Demand Letters are Mailed (Days) (Q7.03)	Minimum Number of Demand Letters To be Mailed (Q7.05)	Methods (Other than Demand Letters) Used to Notify Household of a Claim (Q8.00)
New Mexico	CS	CS	CS	30	Varies[4]	B,P
New York	AL,CL,FL,LL	AL,CL,FL	AL,CL,FL	30	3	None
North Carolina	AL,LL	AL	AL	30	3	B,P
Ohio	CL	CL	CL	30	Varies[4]	P
Oklahoma	FS	CS	CS	30[2]	Varies[4,7]	H
Oregon	CS	CS	CS	30	3/4/1[9]	B
Pennsylvania	LS	N.A.	CS	30[9]	3[9]	B
Rhode Island	LS	CS	CS	30	2/2/Varies[4,8]	None
South Carolina	LL	CL	AL,CL	30	Varies[4]	P,I
South Dakota	LD	CD	CD	30	Varies[4]	P
Tennessee	LL	FL	AL	30	4	None
Texas	LL	FL	AL,CL	30	Varies[4]	None
Utah	CS	CS	CS	30	3	B,P
Vermont	LS	FS	AL	30	4/3/1[8]	B
Virginia	CL,FL	N.A.	AL	30	1/1/No standard[8]	P
Virgin Islands	LD	CD	CD	30	3	None
Washington	LS	CS	AL	30	4	P
West Virginia	LS	CS	CS	No schedule	4	P
Wisconsin	LL	N.A.	AL	30	3	None
Wyoming	LL	AL,CS	AL	No schedule	Varies[4]	None

KEY: Functional Level: A = Agency
      C = Claims/Collections Unit
      F = Fraud/Investigation Unit
      L = Legal Authority

Methods: B = Billing notice
          L = Late payment letter
          P = Phone calls
          H = Home visit
          I = In-office interview

For each of the above,
code whether it is:
L = Local/County
D = District/Region
S = State

N.A. = Not applicable.

[1] This refers to a claims workers in the local office rather than a special claims unit.
[2] This refers to nonfraud claims only, there is no fixed schedule for fraud claims.
[3] This refers to fraud claims only, there is no fixed schedule for nonfraud claims.
[4] Depends upon the dollar value of the claim.
[5] This refers to claims due to agency error only, there is no standard for claims due to household error or fraud claims.
[6] The first figure refers to fraud claims, the second to nonfraud claims.
[7] This refers to nonfraud claims only, there is no standard for fraud claims.
[8] The first figure refers to fraud claims, the second to claims due to household error, and the third to claims due to agency error.
[9] No demand letters are mailed for fraud claims.

TABLE A.13

ALTERNATIVE COLLECTION METHODS USED IN PURSUING DELINQUENT CLAIMS, BY STATE

Jurisdiction	Alternative Collection Methods Are Used (Q8.01)	Ranking of Alternative Collection Methods Used (Q8.01)								Characteristics of Case that Increase the Likelihood of Pursuit through Alternative Methods (Q8.04)	Functional Level of Staff Responsible for Initiating Alternative Collection Methods (Q8.02)
		Tax Refund Intercept	Wage Garnishment	Property Liens	Small Claims Court	Private Collection Agency	Credit Bureau	Civil Actions	Other		
Alabama	No										
Alaska	Yes								x[1]	No policy	CS,FS
Arizona	Yes	3	2	X			X	1		No policy	CS
Arkansas	Yes	1	2	3						D,O[8]	CS,FS
Colorado	Yes		1	2						No policy	CL
Connecticut	Yes		3		2		4	1		No policy	CD,CS,LS
Delaware	Yes[6]	1	2						3[2]	F,L,I	CS,LS
District of Columbia	Yes								x[3]	F,L,I,D	CS
Florida	Yes							X		No policy	Automated
Georgia	Yes	X								All cases pursued	Automated
Guam	No										
Hawaii	No										
Idaho	Yes			1	2					No policy	CD
Illinois	Yes	2	4			1			3[4]	I	CS
Indiana	Yes	1	3		2					F,E,D	AL
Iowa	Yes	4	3	2	1					I,D	CS
Kansas	Yes	1	2							No policy	AS,FD
Kentucky	Yes					X				F,L,D	AL,CS
Louisiana	Yes		1	2						F,L,D,O[9]	AS,CS
Maine	No									No policy	
Maryland	Yes				2				1[3]	All cases pursued	FL[7]
Massachusetts	Yes	X								No policy	CS
Michigan	Yes	X								All cases pursued	CS
Minnesota	Yes	3			1	2				No policy	AL
Mississippi	No										
Missouri	Yes[6]	2	1	3						F	FD,LD
Montana	Yes	1				2				No policy	
Nebraska	No										CS
Nevada	Yes		2	3	1					F,E,L,I,D,O[9]	CL
New Hampshire	Yes[6]		1	2						P,F,L,D	FS
New Jersey	Yes	X								No policy	CL

	Alternative Collection Methods Are Used	Ranking of Alternative Collection Methods Used (Q8.01)								Characteristics of Case that Increase the Likeli-	Functional Level of Staff Responsible for
		Tax Refund	Wage Garnish.		Small Claims	Private Collection	Credit Bureau	Civil			
Jurisdiction	(Q8.01)	Intercept	ment	Liens	Court	Agency	Bureau	Actions	Other	Alternative Methods (Q8.04)	Collection Methods (Q8.02)
New Mexico	No										
New York	Yes[6]								X[1]	F	LS[6]
North Carolina	Yes				X					No policy	AL
Ohio	Yes			2	1					P,F,D	CL
Oklahoma	No										
Oregon	Yes	1	3	5	4				2	F,L,D,O[9]	CS
Pennsylvania	Yes					X				No policy	CS
Rhode Island	No										
South Carolina	Yes				X					D	CL
South Dakota	Yes[6]				X					F,L,I,D	CD,CS
Tennessee	No										
Texas	Yes					X				L,I,O[10]	CS
Utah	Yes	1	6	4	5	7	2		3[5]	F,E,L,I,D	CL
Vermont	No										
Virginia	No										
Virgin Islands	No										
Washington	Yes		2	1			3			L,I	CS
West Virginia	Yes		2	3	1					F,I,D	CS
Wisconsin	No										

TABLE A.14

THE CHARACTERISTICS OF THE PROCESS FOR CLAIM SUSPENSIONS, BY STATE

Jurisdiction	Claims Are Suspended	Functional Level of Responsibity for Claim Suspension (Q9.07)		Existence of a Claim Review Process to Determine Which Claims Are Eligible for Suspension (Q9.01)	Claim Suspension Decisions Are Reviewed By Higher Level Staff (Q9.18)
		Fraud	Nonfraud		
Alabama	Yes	AL	AL	Yes	No
Alaska	Yes	FS	CS	Yes	No
Arizona	Yes	CS	CS	No	No
Arkansas	Yes	FS	CS	No	Yes
Colorado	Yes	CL	CL	Yes	Yes
Connecticut	Yes	CS	CS	Yes	No
Delaware	Yes	CS	CS	Yes	No
District of Columbia	Yes[1]		CS	Yes	No
Florida	Yes	CD	CD	Yes	Yes
Georgia	Yes	Automated	Automated	No	No
Guam	Yes	FS	FS	Yes	No
Hawaii	No				
Idaho	Yes	CD	CD	Yes	No
Illinois	Yes	CS	CS	No	Yes
Indiana	Yes	AL	AL	No	No
Iowa	Yes	CS	CS	Yes	No
Kansas·	Yes	Automated	Automated	No	Yes
Kentucky	Yes	CS	CS	Yes	No
Louisiana	Yes	FS	CS	Yes	No
Maine	Yes	FS	AL	No	Yes[2]
Maryland	Yes	AL	AL	Yes	Yes
Massachusetts	Yes	CS	CS	Yes	No
Michigan	Yes	CS	CS	Yes	No
Minnesota	Yes	AL,CL	AL,CL	Yes	Yes
Mississippi	Yes	CS	CS	Yes	No
Missouri	Yes	Automated	Automated	Yes	No
Montana	Yes	CS	CS	Yes	No
Nebraska	Yes	AS	AS	Yes	No
Nevada	Yes	AL	AL	Yes	Yes
New Hampshire	No				
New Jersey	Yes	CL	CL	Yes	Yes

Jurisdiction	Claims Are Suspended	Functional Level of Responsibity for Claim Suspension (Q9.07)		Existence of a Claim Review Process to Determine Which Claims Are Eligible for Suspension (Q9.01)	Claim Suspension Decisions Are Reviewed By Higher Level Staff (Q9.18)
		Fraud	Nonfraud		
New Mexico	Yes	CS	CS	Yes	No
New York	Yes	AL,CL,FL	AL,CL,FL	Yes	Yes
North Carolina	Yes	AL	AL	Yes	No
Ohio	Yes	CL	CL	Yes	Yes
Oklahoma	Yes	CS	CS	Yes	No
Oregon	Yes	CS	CS	Yes	No
Pennsylvania	Yes	AS	AS	Yes	No
Rhode Island	Yes	CS	CS	Yes	No
South Carolina	Yes	CL	CL	Yes	Yes
South Dakota	Yes	CS	CS	Yes	Yes
Tennessee	Yes	AL	AL	Yes	Yes
Texas	Yes	CS	AL,CL	No	No
Utah	Yes	CL	CL	No	Yes
Vermont	Yes	AL	AL	No	Yes
Virginia	Yes	CL,FL	CL,FL	Yes	Yes
Virgin Islands	No				
Washington	Yes	CS	CS	Yes	Yes
West Virginia	Yes	CS	CS	No	No
Wisconsin	Yes	AL	AL	DK	Yes
Wyoming	Yes[3]	CS	CS	No	No

KEY: Functional Level: A = Agency
                        C = Claims/Collections Unit
                        F = Fraud/Investigation Unit

                        For each of the above, code
                        whether it is:
                        L = Local/County
                        D = District/Region
                        S = State

[1] Fraud claims are not suspended.
[2] This response is for fraud claims only.
[3] Claim suspension is very seldom used.

TABLE A.15

THE CHARACTERISTICS OF THE PROCESS FOR CLAIM TERMINATION, BY STATE

Jurisdiction	Claims Are Terminated	Functional Level of Responsibility for Claim Termination (09.13)	Length of Time Suspended Claim Carried on Books Prior To Termination (Years) (09.16)	Reasons for Carrying Suspended Claim on Books Beyond Required Three Years (09.17)	Claim Determination Decisions Are Reviewed By Higher Level Staff (09.18)
Alabama	Yes	Automated	6	N	No
Alaska	Yes	CS,FS	3		No
Arizona	Yes	CS	Indefinitely	L	No
Arkansas	No		Indefinitely	L	
Colorado	Yes	CL	3		Yes
Connecticut	Yes	CS	3		No
Delaware	Yes	CS	Indefinitely/3[1]	C	No
District of Columbia	Yes	CS	3	C	No
Florida	Yes	CO	> 3	S	Yes
Georgia	Yes	Automated	10/5[1]	L	No
Guam	Yes	FS	3		No
Hawaii	No[3]				
Idaho	Yes	CO	3		No
Illinois	Yes	CS	Indefinitely	C	Yes
Indiana	Yes	AL	Indefinitely/3[1]	C	No
Iowa	Yes	CS	4	L	No
Kansas	Yes	AS	5	C	Yes
Kentucky	Yes	CS	Indefinitely	S	No
Louisiana	Yes	Automated	3		No
Maine	Yes	CS	3		No
Maryland	Yes	AL	3		Yes
Massachusetts	Yes	CS	3		Yes
Michigan	Yes	RL	3		No
Minnesota	Yes	AS	3		Yes
Mississippi	Yes	CS	3		No
Missouri	Yes	Automated	3		No
Montana	Yes	CS	3		No
Nebraska	Yes	AS	6	C	No
Nevada	Yes	CL	3		Yes
New Hampshire	No[3]				
New Jersey	Yes	CL	> 3[2]	N	Yes

Jurisdiction	Claims Are Terminated	Functional Level of Responsibility for Claim Termination (Q9.13)	Length of Time Suspended Claim Carried on Books Prior To Termination (Years) (Q9.16)	Reasons for Carrying Suspended Claim on Books Beyond Required Three Years (Q9.17)	Claim Determination Decisions Are Reviewed By Higher Level Staff (Q9.18)
New Mexico	Yes	Automated	3		No
New York	Yes	AL,CL,FL	> 3[2]	N	Yes
North Carolina	Yes	Automated	3		No
Ohio	Yes	CS	3		Yes
Oklahoma	Yes	CS	3		No
Oregon	Yes	Automated	3		Yes
Pennsylvania	Yes	Automated	3		No
Rhode Island	Yes	CS	3		No
South Carolina	Yes	AL	Indefinitely	L	Yes
South Dakota	Yes	CS	3		Yes
Tennessee	Yes	AL	Indefinitely	L	Yes
Texas	Yes	Automated	5	C	No
Utah	Yes	CL	3		Yes
Vermont	Yes	AL	Indefinitely	A	Yes
Virginia	Yes	AS	3		No
Washington	Yes	CS	3		Yes
West Virginia	Yes	CS	Indefinitely	S	No
Wisconsin	Yes	Automated	3		Yes
Wyoming	Yes	CS	4	L	Yes
Virgin Islands	No[3]				

KEY: Functional Level: A = Agency
C = Claims/Collections Unit
F = Fraud/Investigations Unit

Reasons for Carrying: A = Audit purposes
L = Legal requirements
S = Shortage of staff/resources
C = Continued pursuit of claim
N = No specific reason

For each of the above, code
whether it is:
L = Local/County
D = District/Region
S = State

[1] The first figure is for fraud claims, the second for nonfraud claims.
[2] The length of time a suspended claim is carried varies across the state.
[3] There is also no suspension of claims.

TABLE A.16

ROUGH PROFESSIONAL ESTIMATES OF THE EFFECTIVENESS OF THE CLAIMS COLLECTION PROCESS BY STATE

Jurisdiction	Existence of a Backlog of Overissuances and Claims to be Processed (Q10.08)	Reasons for the Backlog of Overissuances and Claims (Q10.08)	Professional Estimates of the Percentage of (Q10.06)				
			Identified Overissuances That Result in Claim Referrals	Claim Referrals that Result in Established Claims	Claim Referrals for Suspected Fraud that Result in Established Fraud Claims	Established Claims for Which Some Collections Are Made	Established Claims That Eventually Become Delinquent
Alabama	Yes	S,L	50	50	70	25	50
Alaska	Yes[1]	P	DK	DK	70	65	30
Arizona	Yes	S	60	90	8	70	70
Arkansas	Yes	S,L	DK	DK	25	DK	60
Colorado	Yes	S,D	95	90	60	17	20
Connecticut	Yes	S,L	100	75	87	70	75
Delaware	Yes	S,L	DK	DK	DK	DK	DK
District of Columbia	Yes	P	33	98	60	65	52
Florida	Yes	S	DK	76	DK	DK	50
Georgia	Yes	S	DK	68	58	27	DK
Guam	No		DK	DK	90	DK	50
Hawaii	Yes	S,L	DK	60	60	75	67
Idaho	No		DK	DK	DK	DK	DK
Illinois	No		100	100	10	25	70
Indiana	Yes	S,D	DK	DK	DK	DK	DK
Iowa	Yes	S	DK	DK	95	70	25
Kansas	Yes	S,L	50	90	95	70	80
Kentucky	Yes	S,L,P	100	34	DK	70	50
Louisiana	Yes	L	DK	99	95	75	DK
Maine	Yes	S	DK	DK	20	DK	15
Maryland	Yes	S,D	DK	DK	DK	DK	DK
Massachusetts	Yes	P	90	90	98	60	50
Michigan	Yes	N	DK	DK	DK	70	DK
Minnesota	Yes	S,L	99	100	99	20	DK
Mississippi	Yes	S	DK	99	80	60	50
Missouri	Yes	S,P	100	100	90	60	80
Montana	Yes[1]	P	DK	100	10	60	40
Nebraska	Yes	S	DK	DK	DK	DK	DK
Nevada	Yes	S L	100	92	DK	70	30
New Hampshire	Yes	P	DK	60	60	50	60
New Jersey	Yes	S	92	98	35	66	73

TABLE A.16 (continued)

Jurisdiction	Existence of a Backlog of Overissuances and Claims to be Processed (Q10.08)	Reasons for the Backlog of Overissuances and Claims (Q10.08)	Professional Estimates of the Percentage of (Q10.06)				
			Identified Overissuances That Result In Claim Referrals	Claim Referrals that Result in Established Claims	Claim Referrals for Suspected Fraud that Result In Established Fraud Claims	Established Claims for Which Some Collections Are Made	Established Claims That Eventually Become Delinquent
New Mexico	Yes	S,L	100	100	83	40	40
New York	Yes	S	100	100	11	15	90
North Carolina	Yes	N	DK	DK	DK	DK	DK
Ohio	Yes	S	DK	DK	75	80	60
Oklahoma	Yes	S,D	98	50	95	55	70
Oregon	Yes	S	DK	DK	25	DK	25
Pennsylvania	Yes	R	DK	DK	12	DK	DK
Rhode Island	Yes	P	95	99	75	75	70
South Carolina	Yes	S,L,R	85	85	30	85	50
South Dakota	Yes	N	DK	99	80	50	50
Tennessee	Yes	S,L	45	100	DK	100	DK
Texas	No		DK	DK	DK	DK	DK
Utah	Yes	S,R	DK	98	35	DK	80
Vermont	No		DK	100	90	40	DK
Virginia	Yes	S,L	DK	DK	DK	DK	DK
Washington	Yes	L,P	DK	DK	87	70	30
West Virginia	Yes	S,L	86	52	DK	DK	63
Wisconsin	Yes	S,L	DK	DK	DK	75	DK
Wyoming	Yes	R	98	98	90	33	DK
Virgin Islands	Yes	N	DK	DK	DK	DK	DK

KEY. Reasons for backlog. S = Shortage of staff/resources
L = Claims are low priority
P = Process is slow for fraud cases
D = Lack of data processing capabilities
R = Limitations on recoupment/weak regulations
N = No specific reason given

DK = Information not available at time of interview.

[1]Backlog is of suspected fraud and fraud claims only.

A-33

TABLE A.17

ROUGH MEASURES OF THE EFFECTIVENESS OF THE CLAIMS
COLLECTION PROCESS, BY STATE, FY 1985

Jurisdiction	Claims Established for Each $100 of Issuance in Error (Dollars)	Claims Collected for Each $100 of Claims Established (Dollars)	Claims Collected for for Each $100 of Issuance in Error (Dollars)
Alabama	9.55	44.70	4.27
Alaska	18.95	32.30	6.12
Arizona	11.38	39.80	4.53
Arkansas	14.50	48.50	7.03
California	19.15	32.01	6.13
Colorado	10.95	29.99	3.28
Connecticut	15.98	31.59	5.05
Delaware	22.10	28.79	6.36
District of Columbia	11.00	17.31	1.90
Florida	14.64	35.64	5.22
Georgia	12.87	45.84	5.90
Guam	15.62	68.75	10.74
Hawaii	73.07	22.02	16.09
Idaho	11.72	57.21	6.71
Illinois	16.13	10.79	1.74
Indiana	9.56	38.35	3.67
Iowa	17.79	58.90	10.48
Kansas	16.99	39.86	6.77
Kentucky	6.04	48.73	2.94
Louisiana	4.67	40.59	1.90
Maine	16.23	41.97	6.81
Maryland	28.29	12.95	3.66
Massachusetts	15.20	37.97	5.77
Michigan	10.86	25.76	2.80
Minnesota	7.81	15.88	1.24
Mississippi	17.03	17.46	2.97
Missouri	26.42	32.74	8.65
Montana	8.90	51.93	4.62
Nebraska	16.37	36.05	5.90
Nevada	47.40	55.53	26.32
New Hampshire	20.85	55.29	11.53
New Jersey	39.05	33.36	13.03

Table A.17 (continued)

Jurisdiction	Claims Established for Each $100 of Issuance in Error (Dollars)	Claims Collected for Each $100 of Claims Established (Dollars)	Claims Collected for for Each $100 of Issuance in Error (Dollars)
New Mexico	13.44	15.44	2.07
New York	8.58	28.94	2.48
North Carolina	16.98	59.06	10.03
North Dakota	17.34	52.08	9.03
Ohio	12.00	29.09	3.49
Oklahoma	7.08	44.15	3.12
Oregon	20.56	47.86	9.84
Pennsylvania	11.91	17.32	2.06
Rhode Island	12.81	14.60	1.87
South Carolina	11.84	63.18	7.48
South Dakota	20.53	58.21	11.95
Tennessee	17.82	35.52	6.33
Texas	12.54	43.39	5.44
Utah	18.90	41.16	7.78
Vermont	15.33	32.29	4.95
Virginia	13.37	54.41	7.28
Washington	23.40	22.93	5.36
West Virginia	8.27	48.37	4.00
Wisconsin	10.18	50.25	5.12
Wyoming	12.84	30.87	3.96
Virgin Islands	10.39	30.71	3.19
Median Value	14.64	37.97	5.36

SOURCE: FNS, State Tables of Activity Ranking, Plus (STAR+), April 1986.

APPENDIX B

CLAIMS COLLECTION CENSUS INSTRUMENT

CLAIMS SYSTEM
STATE CENSUS INSTRUMENT

MODULE 1: AGENCY ORGANIZATION

This interview is divided into ten sections which focus on such issues as the organization and administration of the claims process, the methods used in monitoring overissuances and claims, and the policies and procedures for identifying overissuances, establishing claims and collecting payments on claims.

I would like to begin by asking you about the organizational structure of your state's claims process. Can you give me a brief overview of the organization of the claims process within your state?

NOTES:

In organizing this discussion of the claims process, we have identified six steps or stages. In order to be sure that we are (both/all) talking about the same things, I would like to briefly summarize those stages for you.

The first stage we have identified is the claim referral process. We view this as including the detection of the overissuance and the formal steps by which the claims process is initiated.

The second stage of the process we have identified is the claim investigation. This stage would include the calculation of the total amount of the overissuance, the determination of the nature of the error (i.e., administrative error, inadvertent household error, or intentional program violation), and investigation into the circumstances of the error.

The third stage of the process is claim establishment. Claim establishment for nonfraud claims would include the decision to collect on the claim and the process by which the client is informed of that decision. For fraud claims, claim establishment would include the decision to use prosecution, administrative fraud hearings, disqualification consent agreements, or a waiver of hearing to confirm the allegation of fraud and the process used in setting up the framework for collecting on the claim.

The fourth stage of the claims process is the collection of payments on the claim. This would include setting up the claim for repayment, the use of demand letters, and the procedures for tracking claim payments and recoupments.

The fifth stage of the claims process is the follow-up activities used for delinquent claims. This stage includes the identification of delinquent claims and the use of alternative collection methods, such as wage garnishment or tax refund intercepts.

The final stage of the claims process which we have identified is claim suspension and termination. This stage includes the identification of claims which are eligible for suspension and termination and the processes whereby those actions are taken.

Are these stages clear to you and do they make sense as a framework for discussing the claims process within your state?

EMPHASIZE THE NEED TO USE THE STAGES AS WE HAVE DEFINED THEM IN ORDER TO BE CONSISTENT IN OUR DESCRIPTION OF STATE SYSTEMS.

NOTES:

STAGE 1:   CLAIM REFERRAL

STAGE 2:   CLAIM INVESTIGATIONS

STAGE 3:   CLAIM ESTABLISHMENT

STAGE 4:   COLLECTION OF PAYMENTS

STAGE 5:   FOLLOW-UP FOR DELINQUENT CLAIMS

STAGE 6:   CLAIM SUSPENSION/TERMINATION

1.00   For each of the stages of the claims process, where is responsiblity for the
        day-to-day <u>operation</u> of that function? That is, at what organizational level
        are the activities related to that stage carried out? (CIRCLE "1" FOR ALL
        THAT APPLY.) PROBE FOR DIFFERENCES BETWEEN FRAUD AND NONFRAUD.

        NOTE: A REGIONAL OR DISTRICT OFFICE IS AN ORGANIZATIONAL LEVEL BETWEEN THE
        LOCAL AND STATE OFFICE.

	LOCAL FIELD OFFICE	COUNTY OFFICE	REGIONAL OR DISTRICT OFFICE	STATE FSA	OTHER STATE AGENCY	OTHER (SPECIFY)
a. Claim referral?						
FRAUD	1	1	1	1	1	
NONFRAUD	1	1	1	1	1	
b. Claim investigations?						
FRAUD	1	1	1	1	1	
NONFRAUD	1	1	1	1	1	
c. Establishment of the claim?						
FRAUD	1	1	1	1	1	
NONFRAUD	1	1	1	1	1	
d. Collection of claim payments?						
FRAUD	1	1	1	1	1	
NONFRAUD	1	1	1	1	1	
e. Follow-up activities on delinquent claims?						
FRAUD	1	1	1	1	1	
NONFRAUD	1	1	1	1	1	
f. Claim suspension and termination?						
FRAUD	1	1	1	1	1	
NONFRAUD	1	1	1	1	1	

For those components of the claims process which are operated on the local agency
level, we would still like as much information as you have available. In answer-
ing questions on areas in which there is variation in the system across the
state, we will want to know what is done for the majority of the state caseload
and how the approach varies for the remainder of the caseload.

1.01   Is any part of the claims process for Food Stamps integrated with the claims processes of other assistance programs, such as AFDC, Medicaid, or GA?

NOTE: AN INTEGRATED SYSTEM IS ONE IN WHICH THE SAME STAFF UNIT HANDLES CLAIMS FOR THE FSP AND THE OTHER PROGRAM(S).

YES.......................................1
NO.........(GO TO MODULE 2)...............0

1.02   Which other programs are integrated with Food Stamps claims at the stage of: (CIRCLE "1" FOR ALL THAT APPLY.)

		AFDC	MEDICAID	GA	OTHER (SPECIFY)
a.	Claim referrals?	1	1	1	_____|_|_|
b.	Claim investigations?	1	1	1	_____|_|_|
c.	Establishment of claims?	1	1	1	_____|_|_|
d.	Collection of claim payments? RECOUPMENT	1*	1	1	_____|_|_|
	OTHER METHODS	1	1	1	_____|_|_|
e.	Follow-up activities on delinquent claims?	1	1	1	_____|_|_|
f.	Claim suspension and termination?	1	1	1	_____|_|_|

*IF FSP AND AFDC RECOUPMENT ARE INTEGRATED, ASK--How is recoupment for Food Stamps and AFDC linked? (PROBE: IS RECOUPMENT HANDLED BY THE SAME UNIT, THE SAME STAFF, AND/OR THE SAME AUTOMATED SYSTEM?)

NOTES:

MODULE 2: ADMINISTRATION CONTROL

There are a variety of ways that an agency can manage the claims process. We are interested in the management methods used in your state. In answering these questions, the focus should be on the most common approach used within your state.

2.00   Does your agency produce routine summary reports (other than the FNS-209) which assess how well the claims system is working?

YES..1
NO...........(GO TO 2.02)..................0

2.01 Do those summary reports include reports on activities at the various stages of the claims process? That is, are there summary reports concerning:

(IF YES, ASK) How frequently are those reports prepared? Who receives the report? (MULTIPLE ANSWERS ARE POSSIBLE FOR "WHO RECEIVES?".)

		REPORTS? YES	NO	FREQUENCY?	WHO RECEIVES?		
a.	Claim referrals?						
	FRAUD	1	0	⊔⊔	⊔⊔	⊔⊔	⊔⊔
	NONFRAUD	1	0				
b.	Claim investigations?						
	FRAUD	1	0	⊔⊔	⊔⊔	⊔⊔	⊔⊔
	NONFRAUD	1	0				
c.	Establishment of claims?						
	FRAUD	1	0	⊔⊔	⊔⊔	⊔⊔	⊔⊔
	NONFRAUD	1	0				
d.	Collection of claim payments?						
	FRAUD	1	0	⊔⊔	⊔⊔	⊔⊔	⊔⊔
	NONFRAUD	1	0				
e.	Follow-up activities on delinquent claims?						
	FRAUD	1	0	⊔⊔	⊔⊔	⊔⊔	⊔⊔
	NONFRAUD	1	0				
f.	Claim suspensions and terminations?						
	FRAUD	1	0	⊔⊔	⊔⊔	⊔⊔	⊔⊔
	NONFRAUD	1	0				

CODES FOR FREQUENCY

1. LESS THAN MONTHLY
2. MONTHLY
3. QUARTERLY
4. SEMI-ANNUALLY
5. ANNUALLY
6. IRREGULAR
7. OTHER

(SPECIFY)_____

CODES FOR WHO RECEIVES

OFFICE (NON-CLAIM UNIT):
  3. LOCAL
  4. DISTRICT
  5. STATE

CLAIM UNIT:
  6. LOCAL
  7. DISTRICT
  8. STATE

FRAUD UNIT:
  9. LOCAL
 10. DISTRICT
 11. STATE

 16. OTHER

(SPECIFY)_____

2.02 Are the relevant workers provided with training specifically related to the claims process?

                              YES....................................1
                              NO....(GO TO 2.05).....................0

2.03 Does this training in the claims process include:

		FRAUD		NONFRAUD	
		YES	NO	YES	NO
a.	Training for new hires?	1	0	1	0
b.	Scheduled refresher training for existing staff?	1	0	1	0
c.	Retraining as needed (for example, following a rule change)?	1	0	1	0

2.04 Where is the emphasis placed in the training? (PROBE: Is it in detecting overissuances, fraud investigations, or techniques for following-up delinquent claims?)

NOTES:

2.05 Are there written manuals available to the staff which provide detailed information on the policies and procedures of the claims process?

                              YES....................................1
                              NO.....................................0

2.06 Do you have any time limits which control how long workers have to complete the processing of cases?

                              YES....................................1
                              NO....(GO TO MODULE 3)................0

2.07 Are there established time limits for:

(IF YES, ASK) What are those time limits? What percent of cases are you
able to process within those time limits?

		TIME LIMITS?		NOTES:	PERCENT
		YES	NO		
a.	Making claim referrals?				
	FRAUD	1	0		|__|__|__|
	NONFRAUD	1	0		|__|__|__|
b.	Completing claim investigations?				
	FRAUD	1	0		|__|__|__|
	NONFRAUD	1	0		|__|__|__|
c.	Establishing the claims?				
	FRAUD	1	0		|__|__|__|
	NONFRAUD	1	0		|__|__|__|
d.	Completing follow-up activities on delinquent claims?				
	FRAUD	1	0		|__|__|__|
	NONFRAUD	1	0		|__|__|__|
e.	Suspending the claim?				
	FRAUD	1	0		|__|__|__|
	NONFRAUD	1	0		|__|__|__|

MODULE 3: CLAIMS MONITORING

Now I would like to talk with you about the processes and procedures that you have for monitoring overissuances and claims. Again, the focus will be on the most common approach if there is variation across the state.

3.00   Is any part of the claims process within your state automated?

                              YES.....................................1
                              NO...........(GO TO 3.09).............0

3.01   Does the automated part of your claims process cover the entire state?

                              YES.........(GO TO 3.03).............1
                              NO....................................0

3.02   What part of the state is covered by the automated component of the claims process?

                              PERCENT OF CASELOAD............|__|__|

                              PERCENT OF LOCAL OFFICES.......|__|__|

       NOTES:

3.03   Is the certification system in (your state/ that part of the state with an automated claims process) also automated?

                              YES.....................................1
                              NO...........(GO TO 3.05).............0

3.04 Is the automated claims process integrated with the automated certification system?

NOTE: AN INTEGRATED SYSTEM IS ONE IN WHICH THE SAME DATA BASE IS USED FOR BOTH THE CLAIMS AND CERTIFICATION PROCESSES.

YES...1
NO..0

3.05 Does your automated system calculate the amount of the overissuance?

	FRAUD	NONFRAUD
YES......................................1	1
NO....(GO TO 3.07 IF "NO" FOR BOTH).....0	0

3.06 How far back does the automated system permit the overissuance to be calculated?

MONTHS....................................|__|__|__|

3.07 Are the calculations and deductions for recoupment automated? Does the system generate demand letters?

NOTE: WE ARE NOT CONCERNED WITH WHICH AUTOMATED SYSTEM DOES THESE FUNCTIONS. (CIRCLE "1" OR "0" FOR ALL ITEMS.)

	YES	NO
RECOUPMENT:		
FRAUD.......................................1	0
NONFRAUD....................................1	0
DEMAND LETTERS:		
FRAUD.......................................1	0
NONFRAUD....................................1	0

3.08   Do you maintain an automated history for the:

		FRAUD		NONFRAUD	
		YES	NO	YES	NO
a.	Dates of actions taken on overissuances and claims?				
	DATES OF ALL ACTIONS	1	0	1	0
	DATE OF LATEST ACTION	1	0	1	0
	OTHER	1	0	1	0
	(SPECIFY)_____	|__|__|		|__|__|
b.	Dates of claim payments through recoupment?	1	0	1	0
c.	Dates of other types of claim payments?	1	0	1	0
d.	Date of claim suspension?	1	0	1	0

3.09   Do you have an established process (either manual or automated) for tracking individual overissuances and claims?

                                    YES...............................1
                                    NO....(GO TO 3.11)................0

3.10 Does your process for monitoring claims include the tracking of:

(IF YES, ASK) Is the tracking automated?

		TRACKING?		AUTOMATED?	
		YES	NO	YES	NO
a.	Computer match hits?	1	0	1	0
b.	Other apparent overissuances?	1	0	1	0
c.	Claim referrals?				
	FRAUD	1	0	1	0
	NONFRAUD	1	0	1	0
d.	Claim investigations?				
	FRAUD	1	0	1	0
	NONFRAUD	1	0	1	0
e.	Established claims?				
	FRAUD	1	0	1	0
	NONFRAUD	1	0	1	0
f.	Claim payments?				
	FRAUD	1	0	1	0
	NONFRAUD	1	0	1	0
g.	Suspended claims?				
	FRAUD	1	0	1	0
	NONFRAUD	1	0	1	0
h.	Individuals disqualified because of fraud claims?	1	0	1	0

3.11 Do you flag the files of households with overissuances or claims which require actions by the agency? That is, is there a system for signaling workers that a household case needs further attention?

YES.....................................1
NO....(GO TO 3.13).....................0

3.12   For which types of cases do you have flags?

(FOR EACH TYPE, ASK) Are the flags automated? Who is alerted by the
flags? (MULTIPLE ANSWERS ARE POSSIBLE.) Are the flags permanently
attached to the case; that is, are they carried on the records of
households that are no longer participating in the program so that the
flags are visible to staff if the household reapplies?

	FLAGS?		AUTOMATED?		WHO'S ALERTED?		PERMANENT?	
	YES	NO	YES	NO			YES	NO
FRAUD REFERRALS	1	0	1	0	└┴┘	└┴┘	1	0
NONFRAUD REFERRALS	1	0	1	0	└┴┘	└┴┘	1	0
CASES WITH ACTIVE CLAIM BALANCES	1	0	1	0	└┴┘	└┴┘	1	0
CASES WITH DELINQUENT CLAIMS	1	0	1	0	└┴┘	└┴┘	1	0
CASES WITH SUSPENDED CLAIMS	1	0	1	0	└┴┘	└┴┘	1	0
OTHER	1	0	1	0	└┴┘	└┴┘	1	0

(SPECIFY)_____ └┴┘

CODES FOR WHO'S ALERTED

OFFICE (NON-CLAIM UNIT):
   3. LOCAL
   4. DISTRICT
   5. STATE

CLAIM UNIT:
   6. LOCAL
   7. DISTRICT
   8. STATE

FRAUD UNIT:
   9. LOCAL
   10. DISTRICT
   11. STATE

   16. OTHER

   (SPECIFY)_____

3.13   How do you identify applicant households which include members who have
been disqualified from the program because of a fraud claim?

NOTES:

3.14   Do you produce routine reports on the status of individual cases with
overissuances and claims?

                    YES.................................1
                    NO....(GO TO 3.16).....................0

3.15   Do these reports include status reports on individual cases with:

(IF YES, ASK) Is the preparation of these reports automated? Who receives these reports? (MULTIPLE RESPONSES ARE POSSIBLE FOR "WHO RECEIVES?".)

		REPORTS?		AUTOMATED?		WHO RECEIVES?
		YES	NO	YES	NO	
a.	Claim referrals?					
	FRAUD	1	0	1	0	|__|__| |__|__|
	NONFRAUD	1	0	1	0	|__|__| |__|__|
b.	Established claims?					
	FRAUD	1	0	1	0	|__|__| |__|__|
	NONFRAUD	1	0	1	0	|__|__| |__|__|
c.	Delinquent claims?					
	FRAUD	1	0	1	0	|__|__| |__|__|
	NONFRAUD	1	0	1	0	|__|__| |__|__|

CODES FOR WHO RECEIVES

OFFICE (NON-CLAIM UNIT):
   3. LOCAL
   4. DISTRICT
   5. STATE

CLAIM UNIT:
   6. LOCAL
   7. DISTRICT
   8. STATE

FRAUD UNIT:
   9. LOCAL
   10. DISTRICT
   11. STATE

   16. OTHER

   (SPECIFY)_____

3.16   Do you have an established process for aging overissuances and claims, that is, a process for sorting and reporting on overissuances and claims by their ages?

YES...1
NO...........(GO TO MODULE 4).............0

B-14

3.17 Does your process for aging overissuances and claims involve keeping track of the ages of:

(IF YES, ASK) What is the starting event? Is the aging automated?

NOTE: THE "STARTING EVENT" IS THE EVENT WHICH IS USED AS THE BASIS FOR AGING.

		AGING? YES	NO	STARTING EVENT?	AUTOMATED? YES	NO
a.	Apparent overissuances?	1	0	|__|__|	1	0
b.	Claim referrals?					
	FRAUD	1	0	|__|__|	1	0
	NONFRAUD	1	0		1	0
c.	Claim investigations?					
	FRAUD	1	0	|__|__|	1	0
	NONFRAUD	1	0		1	0
d.	Delinquent claims?					
	FRAUD	1	0	|__|__|	1	0
	NONFRAUD	1	0		1	0
e.	Suspended claims?					
	FRAUD	1	0	|__|__|	1	0
	NONFRAUD	1	0		1	0

CODES FOR EVENT

1. DETECTION
2. REFERRAL
3. ESTABLISHMENT
4. FAILURE TO PAY
5. SUSPENSION
6. OTHER

NOTE: IF THERE ARE ANY "OTHER" STARTING EVENTS DESCRIBE BELOW, INCLUDING LETTER (a-e) INDICATING ITEM TRACKED.

MODULE 4: CLAIM REFERRAL

Now I would like to talk about the first stage of the claims process—claim referral. As before, if variation in the approach used occurs across the state, please tell me about the most common approach.

4.00 Which of the following methods are successfully used in the identification of overissuances:

(READ LIST OF METHODS. ONLY OBTAIN RANKING FOR METHODS THE STATE USES.) How would you rank the detection methods used in order of their importance? (By importance, I mean responsible for identifying the most overissuances.)

(CIRCLE "1" OR "0" FOR ALL ITEMS.)

		USED?		RANKING
		YES	NO	
a.	QC reviews?	1	0	|__|__|
b.	Recertification review?	1	0	|__|__|
c.	Computer matching of wages?	1	0	|__|__|
d.	Computer matching of unearned income?	1	0	|__|__|
e.	Computer matching of resources?	1	0	|__|__|
f.	Duplicate participation checks?	1	0	|__|__|
g.	Special investigation units?	1	0	|__|__|
h.	Internal audits?	1	0	|__|__|
i.	Error prone profile?	1	0	|__|__|
j.	Hotline, "whistleblowing" or informal complaints?	1	0	|__|__|
k.	Information from other agencies?	1	0	|__|__|
l.	Conflicting information from the recipient?	1	0	|__|__|
m.	Other?	1	0	|__|__|
	(SPECIFY) _____			|__|__|

MODULE 5: CLAIM INVESTIGATIONS

Moving on to the stage of claim investigations, I would like to ask you about the processes for the calculation of the overissuance amount, the determination of the nature of the error, and any investigations into the circumstances of the error. Would you briefly describe the process for investigating fraud and nonfraud claims used in your state?

NOTES:

5.00   Who is generally responsible for the decision to refer an overissuance case for fraud investigation? (CIRCLE ONE.)

```
                    ELIGIBILITY WORKER...................................1
                    EW SUPERVISOR.......................................2
                    CLAIMS UNIT: LOCAL..................................6
                    DISTRICT............................................7
                    STATE...............................................8
                    FRAUD UNIT:  LOCAL..................................9
                    DISTRICT...........................................10
                    STATE..............................................11
                    OTHER..............................................16

                    (SPECIFY) _____|__|__|
```

5.01   At what stage in the claims process is that decision typically made?

```
                    IN CONJUNCTION WITH CLAIM REFERRAL....................1
                    AS PART OF INVESTIGATION FOLLOWING REFERRAL.........2
                    OTHER................................................3

                    (SPECIFY) _____|__|__|
```

5.02   What percent of overissuances are referred for fraud investigations?

```
                    PERCENT.........................................|__|__|
```

5.03 There are two broad categories of claim referrals: referrals for nonfraud
errors and referrals for suspected fraud. Does your state place more
emphasis upon the investigation and establishment of fraud claims than
upon the investigation and establishment of nonfraud claims? IF NO, PROBE
FOR WHETHER THE EMPHASIS IS THE OTHER WAY--NONFRAUD OVER FRAUD CLAIMS.

                    NO DIFFERENCE.................(GO TO 5.05)............1
                    FRAUD OVER NONFRAUD...................................2
                    NONFRAUD OVER FRAUD...................................3

5.04 Would you tell me about your state's emphasis for claim investigation and
establishment and the reasons behind those policies?

      NOTES:

5.05 Who is generally responsible for investigating the circumstances of the
overissuances for nonfraud cases? For cases of suspected fraud? (CIRCLE
"1" FOR ALL THAT APPLY.)

	NONFRAUD	FRAUD
ELIGIBILITY WORKER....................1		1
CLAIMS UNIT: LOCAL....................1		1
DISTRICT................1		1
STATE....................1		1
FRAUD UNIT: LOCAL....................1		1
DISTRICT................1		1
STATE...................1		1
OTHER................................1		1

      (SPECIFY)_____|__|__|_____|__|__|

5.06 What is the policy for investigating how far back an overissuance
existed? PROBE FOR DIFFERENCES BETWEEN FRAUD AND NONFRAUD CASES.

      NOTES:

5.07 Is the overissuance amount calculated for every case in which there is an overissuance or do you dismiss some cases before doing the work-up?

	FRAUD	NONFRAUD
ALWAYS CALCULATED..(GO TO 5.09 IF "1" FOR BOTH)..........1		1
NOT ALWAYS CALCULATED.....................................0		0

5.08 When is the overissuance amount not calculated? PROBE FOR DIFFERENCES BY FRAUD AND NONFRAUD CASES AND BY ACTIVE AND INACTIVE CASES.

NOTES:

5.09 How far back do you go in calculating the amount of the overissuance? (CIRCLE ONE IN EACH COLUMN.)

	FRAUD	NONFRAUD
TWELVE MONTHS......................................1		1
FULL AMOUNT WITHIN SIX YEAR LIMIT...............2		2
OTHER..3		3
(SPECIFY)_____|__|__|_____|__|__|		

5.10 How extensive is the investigation of the actual circumstances of the household versus their reported circumstances? That is, does the investigation include searching for other possible sources of error and/or fraud in addition to that which has been discovered?

	FRAUD	NONFRAUD
YES...1		1
NO..0		0

NOTES:

5.11   Focusing on nonfraud cases, what steps or methods are typically used in conducting an investigation of a nonfraud case?

(FOR EACH METHOD USED, ASK:)   Is/are (METHOD) always used?   (IF NOT ALWAYS USED, ASK:) How often is/are (METHOD) used?   What (does its/do their) use depend upon?

| | USED? | | ALWAYS? | | PERCENT |
	YES	NO	YES	NO	OF CASES
CASE FILE REVIEW	1	0	1	0	|__|_|
IN-OFFICE INTERVIEW	1	0	1	0	|__|_|
HOME VISIT	1	0	1	0	|__|_|
THIRD-PARTY CONTACTS	1	0	1	0	|__|_|
OTHER	1	0	1	0	|__|_|
(SPECIFY) _____					|__|_|

NOTES

5.12   Are there established policies or procedures for determining which of the claims referred for nonfraud errors will be most actively pursued (INVESTIGATED) prior to claim establishment? This would include any policies for prioritizing cases when there is a backlog of claim referrals to be processed?

YES...1
NO...................(GO TO 5.17)..........................0

5.13   In setting up these priorities for nonfraud cases, what characteristics of a case would increase the likelihood of that case being pursued (INVESTIGATED) prior to claim establishment? (CIRCLE "1" OR "0" FOR ALL ITEMS.)   PROBE FOR ANY DISTINCTION BETWEEN PA AND NPA HOUSEHOLDS.

	YES	NO
AGE OF CLIENT..1		0
PA HOUSEHOLD...1		0
HOUSEHOLD ERROR......................................1		0
RECENT ERROR...1		0
ACTIVE CASE..1		0
LARGER DOLLAR AMOUNT.................................1		0
OTHER..1		0
(SPECIFY)_____ |__|_|	

5.14   What are the reasons behind these policies?

NOTES:

5.15   How is the prioritizing of cases done? PROBE, IF NEEDED--Is there a very
       structured scoring of cases based on the dimensions you listed or is it a
       more informal process intended to provide only general guidelines?

                          RIGOROUS SCORING.......................................1
                          GENERAL GUIDELINES..........(GO TO 5.17).............2
                          OTHER.......................(GO TO 5.17).............3

                          (SPECIFY)_____|__|__|

NOTES:

5.16   Is this scoring of cases automated?

                          YES..1
                          NO...0

5.17   At the conclusion of the investigation of nonfraud referrals, who general-
       ly makes the decision that a claim should be established? (CIRCLE "1" FOR
       ALL THAT APPLY.)

                          ELIGIBILITY WORKER.....................................1
                          EW SUPERVISOR..1
                          CLAIMS UNIT: LOCAL.....................................1
                                       DISTRICT..................................1
                                       STATE.....................................1
                          FRAUD UNIT: LOCAL......................................1
                                      DISTRICT...................................1
                                      STATE......................................1
                          LEGAL AUTHORITY/PROSECUTOR.............................1
                          OTHER..1

                          (SPECIFY)_____|__|__|

5.18   Now let's talk about cases of suspected fraud.

What steps or methods are typically used in conducting an investigation of a case of suspected fraud?

(FOR EACH METHOD USED, ASK:) Is/are (METHOD) always used? (IF NOT ALWAYS USED, ASK:) How often is/are (METHOD) used? What (does its/do their) use depend upon?

| | USED? | | ALWAYS? | | PERCENT |
	YES	NO	YES	NO	OF CASES
CASE FILE REVIEW	1	0	1	0	|__|__|__|
IN-OFFICE INTERVIEW	1	0	1	0	|__|__|__|
HOME VISIT	1	0	1	0	|__|__|__|
THIRD-PARTY CONTACTS	1	0	1	0	|__|__|__|
INTERVIEW WITNESSES	1	0	1	0	|__|__|__|
FORENSIC INVESTIGATION	1	0	1	0	|__|__|__|
OTHER	1	0	1	0	|__|__|__|

(SPECIFY)_____ \|__\|__\|

5.19   Are there established policies or procedures for determining which of the claims referred for suspected fraud will be most actively pursued (INVESTIGATED) prior to claim establishment? This would include any policies for prioritizing cases when there is a backlog of claim referrals to be processed?

YES...................................1
NO....(GO TO 5.24)...................0

5.20 In setting up these priorities for <u>suspected fraud</u> cases, what
      characteristics of a case would <u>increase</u> the likelihood of that case being
      pursued (INVESTIGATED) as suspected fraud prior to claim establishment?
      (CIRCLE "1 OR "0" FOR ALL ITEMS.) PROBE WHETHER ANY EMPHASIS ON PA OVER
      NPA HOUSEHOLDS.

                                                              <u>YES</u> <u>NO</u>

                    AGE OF CLIENT......................1   0
                    PA HOUSEHOLD.......................1   0
                    MORE RECENT ERROR..................1   0
                    PARTICIPANT HOUSEHOLD..............1   0
                    LARGER DOLLAR AMOUNT...............1   0
                    QUALITY OF EVIDENCE................1   0
                    REPEAT OFFENDER....................1   0
                    FLAGRANT VIOLATION.................1   0
                    OTHER..............................1   0

                    (SPECIFY)_____|__|__|

5.21 What are the reasons behind these policies?

      NOTES:

5.22 How is the prioritizing of cases done? PROBE, IF NEEDED--Is there a very
      structured scoring of cases based on the dimensions you listed or is it a
      more informal process intended to provide only general guidelines?

                              RIGOROUS SCORING......................1
                              GENERAL GUIDELINES....(GO TO 5.24)...2
                              OTHER.................(GO TO 5.24)...3

                              (SPECIFY)_____|__|__|

      NOTES:

5.23 Is this scoring of cases automated?

                              YES......................................1
                              NO.......................................0

                              B-23

5.24 Who is generally responsible for the decision to pursue a case of suspected fraud as a fraud claim? That is, who determines that a particular case merits the extra effort required to confirm the fraud allegation?
(CIRCLE ONE.)

```
                        ELIGIBILITY WORKER.....................1
                        EW SUPERVISOR..........................2
                        CLAIMS UNIT: LOCAL.....................6
                                     DISTRICT..................7
                                     STATE.....................8
                        FRAUD UNIT:  LOCAL.....................9
                                     DISTRICT.................10
                                     STATE....................11
                        LEGAL AUTHORITY/PROSECUTOR...........12
                        OTHER................................16

                        (SPECIFY)_____|__|__|
```

5.25 What factors enter into that decision? (CIRCLE "1" OR "0" FOR ALL ITEMS.)

```
                                                        YES   NO

                        AVAILABLE STAFF TIME..............1    0
                        STRENGTH OF EVIDENCE..............1    0
                        OTHER.............................1    0

                        (SPECIFY)_____|__|__|
```

5.26 How is a fraud referral handled after it has been decided not to pursue that case as a fraud claim?

```
                        PROCESSED AS NONFRAUD CLAIM..........1
                        OTHER................................2

                        (SPECIFY)_____|__|__|
```

MODULE 6: CLAIM ESTABLISHMENT

The next stage of the claims process to be discussed is claim establishment. Would you give me a brief overview of the processes for establishing a claim?

NOTES:

6.00   For cases of <u>suspected fraud</u>, how would you rank the following claim establishment methods in order of their frequency of use?

		USED		RANKING
		YES	NO	
a.	Fraud prosecution	1	0	|__|__|
b.	Administrative fraud hearing	1	0	|__|__|
c.	Disqualification consent agreement	1	0	|__|__|
d.	Waiver of hearing	1	0	|__|__|

6.01   How are decisions made about which of these methods will be used to establish a fraud claim?

NOTES:

6.02   What are the important factors (characteristics of the cases and
        characteristics of the system) in the decision? PROBE FOR ROLE OF
        PROSECUTOR'S OFFICE IN THE DECISION AND NATURE OF ANY AGREEMENT WITH THE
        PROSECUTOR'S OFFICE.

        NOTES:

6.03   Which cases are referred for prosecution and why? (CIRCLE "1" OR "0" FOR
        ALL ITEMS.)

                                                                    YES   NO

                            LARGER DOLLAR AMOUNT..............1   0
                            REPEAT OFFENDER...................1   0
                            FLAGRANT VIOLATION................1   0
                            OTHER.............................1   0

                            (SPECIFY)_____|__|__|

        NOTES:

6.04   Prior to the establishment of the fraud claim, how are the overissuances
        due to suspected fraud handled?

                            NO ACTION TAKEN........................1
                            OVERISSUANCE IN 12 MONTHS
                              PRIOR TO DISCOVERY
                              PROCESSED AS NONFRAUD...............2
                            OTHER.................................3

                            (SPECIFY)_____|__|__|

6.05 Earlier we talked about the decision to establish a claim for a nonfraud referral and the decision to pursue a case of suspected fraud as a fraud claim. Is there a process whereby management or staff at a higher level review these decisions?

	NONFRAUD	FRAUD
YES...1		1
NO....(GO TO 6.08 IF NO ("0") FOR BOTH NONFRAUD AND FRAUD)...0		0

6.06 Are all decisions reviewed, or only a random sample of the decisions, or is some other method used for selecting which decisions to review? (CIRCLE ONE IN EACH COLUMN.)

	NONFRAUD	FRAUD
ALL ACTIONS..............................1		1
RANDOM SAMPLE............................2		2
OTHER....................................3		3
(SPECIFY)_____ |_|_|	___|_|_|

6.07 Who is responsible for reviewing the decisions? (CIRCLE "1" FOR ALL THAT APPLY.)

	NONFRAUD	FRAUD
ELIGIBILITY WORKER..........................1		1
EW SUPERVISOR...............................1		1
CLAIMS UNIT: LOCAL..........................1		1
DISTRICT.......................1		1
STATE..........................1		1
FRAUD UNIT: LOCAL...........................1		1
DISTRICT........................1		1
STATE...........................1		1
LEGAL AUTHORITY/PROSECUTOR..................1		1
OTHER.......................................1		1
(SPECIFY)_____ |_|_|_	___|_|_|

6.08　For nonfraud claims, who is responsible for notifying the household of the claim (i.e., mailing the demand letter or arranging for the demand letter to be mailed)? And for fraud claims, who is responsible for notifying the household of the claim? (CIRCLE ONE IN EACH COLUMN.)

	NONFRAUD	FRAUD (COURT)	FRAUD (OTHER)
ELIGIBILITY WORKER...................1		1	1
CLAIMS UNIT: LOCAL....................6		6	6
DISTRICT................7		7	7
STATE...................8		8	8
FRAUD UNIT: LOCAL....................9		9	9
DISTRICT..............10		10	10
STATE.................11		11	11
LEGAL AUTHORITY/PROSECUTOR.........12		12	12
FINANCIAL UNIT: STATE.............13		13	13
AUTOMATED SYSTEM....................15		15	15
OTHER...............................16		16	16

(SPECIFY)_____|__|__|_____|__|__|_____|__|__|

MODULE 7: COLLECTION OF PAYMENTS

I would now like to talk with you about the policies and procedures for recovering the claim once collection actions have been initiated. This stage of the claims process—claim collections—includes setting up the claim for repayment, the use of demand letters, and the use of recoupment. Would you briefly describe the way your state's collection process works?

NOTES:

7.00 Who is generally responsible for making arrangements with the household on the payment of the claim? (CIRCLE ONE IN EACH COLUMN.)

	NONFRAUD	FRAUD (COURT)	FRAUD (OTHER)
ELIGIBILITY WORKER................1		1	1
CLAIMS UNIT: LOCAL...................6		6	6
DISTRICT................7		7	7
STATE...................8		8	8
FRAUD UNIT: LOCAL...................9		9	9
DISTRICT..............10		10	10
STATE..................11		11	11
LEGAL AUTHORITY/PROSECUTOR.........12		12	12
FINANCIAL UNIT: STATE.............13		13	13
PROBATION OFFICE....................14		14	14
OTHER..............................16		16	16

(SPECIFY)_____ |__|__|_____ |__|__|_____ |__|__|

7.01   Who has responsibility for identifying households which fail to respond to the initial demand letter?   (CIRCLE ONE IN EACH COLUMN.)

	NONFRAUD	FRAUD
ELIGIBILITY WORKER...................1		1
CLAIMS UNIT: LOCAL....................6		6
DISTRICT...............7		7
STATE...................8		8
FRAUD UNIT: LOCAL....................9		9
DISTRICT..............10		10
STATE..................11		11
LEGAL AUTHORITY/PROSECUTOR.........12		12
FINANCIAL UNIT: STATE.............13		13
PROBATION OFFICE...................14		14
OTHER...............................16		16

(SPECIFY)_____ |__|__|_____|__|__|

7.02   What are the policies and procedures for handling cases where the household does not respond to the initial demand letter?   PROBE FOR DIFFERENCES IN HANDLING OF IHE, IPV AND AE CLAIMS.

NOTES:

7.03   How frequently are follow-up demand letters mailed to households once the claim is established?   (CIRCLE ONE IN EACH COLUMN.)

	FRAUD	NONFRAUD (IHE)	NONFRAUD (AE)
MONTHLY..........................1		1	1
NO FIXED SCHEDULE................2		2	2
OTHER............................3		3	3

(SPECIFY)_____ |__|__|_____|__|__|_____|__|__|

7.04　Is there some standard for how many letters are mailed if the household does not respond?

	FRAUD	NONFRAUD (IHE)	NONFRAUD (AE)
YES............................1	1	1	
NO....(GO TO 7.06).............0	0	0	

7.05　How many letters are mailed?

	FRAUD	NONFRAUD (IHE)	NONFRAUD (AE)
LETTERS...................|__|__|	|__|__|	|__|__|	

NOTES:

7.06　Under what circumstances is the household's food stamp allotment reduced through recoupment?　(CIRCLE "1" FOR ALL THAT APPLY.)

NOT ROUTINELY USED.....................1
AGENCY ERROR IF CLIENT CONSENTS......1
HOUSEHOLD ERROR........................1
FRAUD..................................1
OTHER..................................1

(SPECIFY)_____|__|__|

MODULE 8:   FOLLOW-UP FOR DELINQUENT CLAIMS

I would now like to talk with you about the follow-up activities used by your state for delinquent claims.

8.00   What methods (other than demand letters) are used to notify households of delinquent claims?   (CIRCLE "1" FOR ALL THAT APPLY.)

	FRAUD	NONFRAUD (IHE)	NONFRAUD (AE)
NONE....................................1		1	1
MONTHLY BILLING (SEPARATE FROM DEMAND LETTER)................1		1	1
PHONE CALLS............................1		1	1
OTHER..................................1		1	1
(SPECIFY) _____ |__|__|	____ |__|__|	____ |__|__|

8.01   Which of the following alternative collection methods are used?   How would you rank the alternative collection methods used in order of their frequency of use?   Can you tell me the approximate number of cases for which each collection method was used in FY 1985?

		USED? YES	USED? NO	IF YES, RANKING	ASK-- NUMBER
a.	Tax refund intercept	1	0	|__|__|	|__|__|__|, |__|__|__|
b.	Wage garnishment	1	0	|__|__|	|__|__|__|, |__|__|__|
c.	Property liens	1	0	|__|__|	|__|__|__|, |__|__|__|
d.	Small claims court	1	0	|__|__|	|__|__|__|, |__|__|__|
e.	Private collection agency	1	0	|__|__|	|__|__|__|, |__|__|__|
f.	Credit bureau	1	0	|__|__|	|__|__|__|, |__|__|__|
g.	Other	1	0	|__|__|	|__|__|__|, |__|__|__|
	(SPECIFY)_____ |__|__|				

IF NO ALTERNATIVE METHODS USED, GO TO 8.08a.

8.02 Who generally makes the decision to initiate alternative collection
      actions against households which fail to make payments on their claims?
      (CIRCLE "1" FOR ALL THAT APPLY.)

	NONFRAUD	FRAUD
ELIGIBILITY WORKER...................................1		1
EW SUPERVISOR..1		1
CLAIMS UNIT: LOCAL...................................1		1
DISTRICT................................1		1
STATE...................................1		1
FRAUD UNIT: LOCAL...................................1		1
DISTRICT................................1		1
STATE...................................1		1
FINANCIAL UNIT: STATE................................1		1
OTHER..1		1

(SPECIFY)_____ |__|__|_____|__|__|

8.03 Are there established policies or procedures for determining which cases
      are pursued through the alternative collection methods?

                            YES......................................1
                            NO....(GO TO 8.08a)......................0

8.04 In determining which cases are to be pursued through alternative
      collection methods, what characteristics of a case increase the
      probability of that case being selected? (CIRCLE "1" OR "0" FOR ALL
      ITEMS.)

	YES	NO
PA HOUSEHOLD......................1		0
FRAUD CLAIM.......................1		0
OLDER ERROR.......................1		0
OLDER CLAIM.......................1		0
LONG TERM DELINQUENCY.............1		0
INACTIVE HOUSEHOLD................1		0
LARGER DOLLAR AMOUNT..............1		0
OTHER.............................1		0

(SPECIFY)_____ |__|__|

8.05 What are the reasons behind these policies?

      NOTES:

8.06 How is the selection of cases carried out? IF NEEDED, PROBE--Is it a very structured scoring of cases based on the dimensions you have listed or is it a more informal process intended to provide only general guidelines?

```
                              RIGOROUS SCORING......................1
                              GENERAL GUIDELINES..(GO TO 8.08a)....2
                              OTHER...............(GO TO 8.08a)....3

                              (SPECIFY)_____|__|__|
```

8.07 Is this sorting of cases automated?

```
                              YES...................................1
                              NO....................................0
```

8.08a Who is responsible for monitoring the repayment of claims from households when recoupment is used? That is, who is responsible for identifying households with delinquent claim payments when recoupment is used as the collection method? (CIRCLE "1" FOR ALL THAT APPLY.)

	NONFRAUD	FRAUD
ELIGIBILITY WORKER	1	1
CLAIMS UNIT: LOCAL	1	1
DISTRICT	1	1
STATE	1	1
FRAUD UNIT: LOCAL	1	1
DISTRICT	1	1
STATE	1	1
FINANCIAL UNIT: STATE	1	1
OTHER	1	1

(SPECIFY)_____|__|__|_____|__|__|

8.08b Who is responsible (FOR MONITORING THE REPAYMENT OF CLAIMS) when lump sum or installment methods are used? (CIRCLE "1" FOR ALL THAT APPLY.)

	NONFRAUD	FRAUD
ELIGIBILITY WORKER.......................1		1
CLAIMS UNIT: LOCAL........................1		1
DISTRICT.....................1		1
STATE........................1		1
FRAUD UNIT: LOCAL........................1		1
DISTRICT.....................1		1
STATE........................1		1
FINANCIAL UNIT: STATE....................1		1
OTHER...................................1		1

(SPECIFY)_____|__|__|_____|__|__|

IF NO ALTERNATIVE COLLECTION METHODS USED, GO TO MODULE 9.

8.08c Who is responsible (FOR MONITORING THE REPAYMENT OF CLAIMS) when alternative collections methods are used? (CIRCLE "1" FOR ALL THAT APPLY.)

	NONFRAUD	FRAUD
ELIGIBILITY WORKER.......................1		1
CLAIMS UNIT: LOCAL........................1		1
DISTRICT.....................1		1
STATE........................1		1
FRAUD UNIT: LOCAL........................1		1
DISTRICT.....................1		1
STATE........................1		1
FINANCIAL UNIT: STATE....................1		1
OTHER...................................1		1

(SPECIFY)_____|__|__|_____|__|__|

MODULE 9: SUSPENSION/TERMINATION OF CLAIMS

Now, I would like to talk with you about how the agency reaches the decision that it is no longer worthwhile to pursue an outstanding claim.

9.00   Who is generally responsible for identifying claims which should be considered for suspension? (CIRCLE "1" FOR ALL THAT APPLY.)

	FRAUD	NONFRAUD
ELIGIBILITY WORKER........................1		1
CLAIMS UNIT: LOCAL........................1		1
DISTRICT.....................1		1
STATE........................1		1
FRAUD UNIT: LOCAL........................1		1
DISTRICT.....................1		1
STATE........................1		1
FINANCIAL UNIT: STATE.....................1		1
AUTOMATED SYSTEM..........................1		1
OTHER....................................1		1

(SPECIFY)_____|__|__|_____|__|__|

9.01   Is there a review of delinquent claims to determine which ones should be suspended?

YES......................................1
NO....(GO TO 9.07).......................0

9.02   Would you describe this review process?

NOTES:

9.03   Is this review of delinquent claims automated?

YES......................................1
NO.......................................0

9.04   What percent of delinquent claims are reviewed and, of those claims
        reviewed, what percent are suspended?

                                           PERCENT REVIEWED.............|__|__|__|

                                           PERCENT SUSPENDED...........|__|__|__|

9.05   How effective is this review process in reducing the backlog of delinquent
        claims?

        NOTES:

9.06   Are there claims which qualify for suspension but are not suspended? (IF
        YES, ASK) Why are they not suspended?

                                           YES...................................1
                                           NO....................................0

        NOTES:

9.07   Who is responsible for determining that a claim should be suspended?
        (CIRCLE ONE IN EACH COLUMN.)

	FRAUD	NONFRAUD
ELIGIBILITY WORKER.......................1		1
EW SUPERVISOR............................2		2
CLAIMS UNIT: LOCAL......................6		6
DISTRICT..................7		7
STATE.....................8		8
FRAUD UNIT: LOCAL.......................9		9
DISTRICT.................10		10
STATE....................11		11
FINANCIAL UNIT: STATE..................13		13
OTHER..................................16		16

        (SPECIFY)_____|__|__|_____|__|__|

9.08   What is the process by which claims are suspended? What documentation is
        required in order to suspend a claim?

        NOTES:

9.09   Do you have a procedure for reactivating suspended claims?

                        YES......................................1
                        NO....(GO TO 9.11).....................0

9.10   Would you describe that procedure?

        NOTES:

9.11   Are there established policies or procedures for determining when
       suspended claims should be terminated?

                                          YES.....................................1
                                          NO....(GO TO 9.13).....................0

9.12   Would you describe those policies and procedures? PROBE FOR REASONS
       BEHIND THE POLICIES.

       NOTES:

9.13   Who is responsible for determining that a suspended claim should be
       terminated? (CIRCLE ONE IN EACH COLUMN.)

                                                    FRAUD   NONFRAUD

           ELIGIBILITY WORKER.......................1   1
           EW SUPERVISOR............................2   2
           CLAIMS UNIT: LOCAL.....................6   6
                          DISTRICT..................7   7
                          STATE.....................8   8
           FRAUD UNIT: LOCAL.....................9   9
                          DISTRICT..................10   10
                          STATE.....................11   11
           FINANCIAL UNIT: STATE....................13   13
           AUTOMATED SYSTEM.........................15   15
           OTHER....................................16   16

           (SPECIFY)_____|__|__|_____|__|__|

9.14   What are the criteria for terminating a suspended claim? (CIRCLE "1" OR
       "0" FOR ALL ITEMS.)

                                                         YES   NO

           CLAIM SUSPENDED FOR 3 YEARS...................1   0
           OTHER...1   0

           (SPECIFY)_____|__|__|

9.15 After claims have been suspended, do you ever keep them on the books for more than three years?

                    YES..1
                    NO....(GO TO 9.18)...................................0

9.16 For how long do you generally retain suspended claims on the books?

                    INDEFINITELY.......................................99
                    YEARS...|__|__|

9.17 What are the reasons for carrying the claims longer than the required three years?

      NOTES:

9.18 Earlier we talked about the decision to suspend a claim and the decision to terminate a claim. Is there a process by which management or staff at a higher level review those decisions? (CIRCLE "1" OR "0" FOR ALL ITEMS.)

                                                        YES   NO
            SUSPENDED:
                FRAUD.......................................1   0
                NONFRAUD....................................1   0
            TERMINATED:
                FRAUD.......................................1   0
                NONFRAUD....................................1   0

IF ALL RESPONSES ARE "NO", GO TO MODULE 10.

9.19 Are all decisions reviewed, or only a random sample of the decisions, or is some other method used to select decisions to review?

	ALL ACTIONS	RANDOM SAMPLE	OTHER	(SPECIFY)
SUSPENDED:				
FRAUD	1	2	3	_____|__|__|
NONFRAUD	1	2	3	_____|__|__|
TERMINATED:				
FRAUD	1	2	3	_____|__|__|
NONFRAUD	1	2	3	_____|__|__|

9.20 Who is responsible for reviewing those decisions? (CIRCLE ONE IN EACH COLUMN.)

	SUSPENSIONS		TERMINATIONS	
	FRAUD	NONFRAUD	FRAUD	NONFRAUD
ELIGIBILITY WORKER.............1	1		1	1
CLAIMS UNIT: LOCAL.............6	6		6	6
DISTRICT.........7	7		7	7
STATE............8	8		8	8
FRAUD UNIT: LOCAL.............9	9		9	9
DISTRICT........10	10		10	10
STATE...........11	11		11	11
LEGAL AUTHORITY/PROSECUTOR...12	12		12	12
FINANCIAL UNIT: STATE.......13	13		13	13
PROBATION OFFICE.............14	14		14	14
OTHER........................16	16		16	16

(SPECIFY)_____|__|__|_____|__|__|_____|__|__|_____|__|__|

MODULE 10: MAGNITUDE OF OVERISSUANCES AND CLAIMS

I would now like to ask you some questions about the magnitude of the overissuances and claims problems that your claims system is addressing. If possible, I would like information for FY 1985 in order to supplement the information on your state's FNS-209 forms.

10.00 Do you maintain information on the number and value of overissuances identified and claim referrals received in FY 1985?

                                     YES....................................1
                                     NO......(GO TO 10.06)..................0

10.01 How many overissuances were identified in FY 1985? What was the dollar value of these overissuances?

OVERISSUANCES.............|__|__|__|, |__|__|__|, |__|__|__|

DOLLAR VALUE..............|__|__|__|, |__|__|__|, |__|__|__|

10.02 How many claim referrals were made in FY 1985? What was the value of those referrals?

REFERRALS.................|__|__|__|, |__|__|__|, |__|__|__|

DOLLAR VALUE..............|__|__|__|, |__|__|__|, |__|__|__|

10.03 Of the claims referrals that were made in FY 1985, how many were established as claims in FY 1985? What was the dollar value of these claims?

ESTABLISHED CLAIMS........|__|__|__|, |__|__|__|, |__|__|__|

DOLLAR VALUE..............|__|__|__|, |__|__|__|, |__|__|__|

10.04 Of the total number of claims that were established in FY 1985, how many had any collections made in FY 1985? What was the initial value of those claims? How much was actually collected?

CLAIMS WITH COLLECTIONS...|__|__|__|, |__|__|__|, |__|__|__|

INITIAL VALUE OF CLAIMS...|__|__|__|, |__|__|__|, |__|__|__|

DOLLARS COLLECTED.........|__|__|__|, |__|__|__|, |__|__|__|

10.07 Many states have backlogs of cases to be processed at each stage of the claims system. To help us get an idea of the time required to process cases through the system, would you tell me the approximate number of days required to complete:

a. The claim referral from the date the overissuance was identified   FROM |__|__|__| TO |__|__|__| DAYS

b. The establishment of a nonfraud claim from the date of referral   FROM |__|__|__| TO |__|__|__| DAYS

c. The establishment of a fraud claim from the date of referral   FROM |__|__|__| TO |__|__|__| DAYS

10.08 What do you see as the reasons for backlogs of overissuances and claims which need to be processed? What has your state done to address this problem?

NOTES:

10.09 Finally, I would like some general information about the characteristics of your PA and NPA caseloads. What percentage of the active households in your PA and NPA caseloads have active claims?

PERCENT OF PA CASELOAD..........................|__|__|

PERCENT OF NPA CASELOAD.........................|__|__|

10.10 What percentage of the active households in your PA and NPA caseloads have suspended claims?

> PERCENT OF PA CASELOAD.........................|__|__|
>
> PERCENT OF NPA CASELOAD.......................|__|__|

10.11 What percentage of the active households in your PA and NPA caseloads are repaying claims through recoupment?

> PERCENT OF PA CASELOAD........................|__|__|
>
> PERCENT OF NPA CASELOAD.......................|__|__|

10.12 Finally, I would like a little information on the AFDC caseload if you have it. What percentage of AFDC cases are repaying AFDC claims through recoupment?

> PERCENT.......................................|__|__|